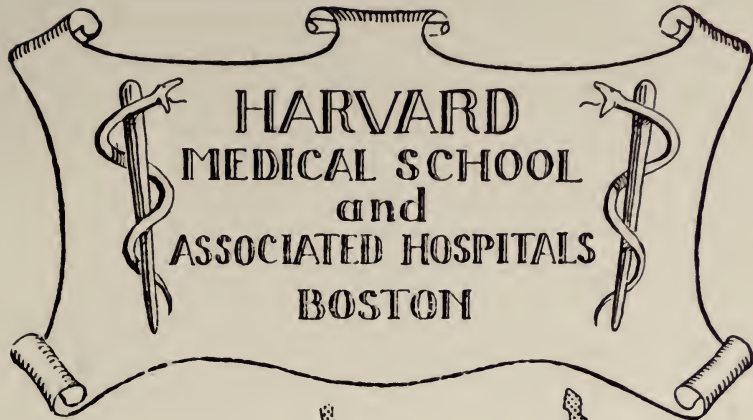









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THE
ÆSCULAPIAD

1937

DA Murray



Published by the Fourth Year Class of
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1937

The
AESCULAPIAD
1937



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FOREWORD

THROUGHOUT the editorial journey it has been our policy that a yearbook should be primarily a souvenir. If in the future this book should conjure up images then gone, it will be the result more of its connotations than of its contents. That we have failed to piece together more than a tatter of the most significant four years in any of our lives is our chief regret, softened by the realization that the impress of these years will be indelible in each of us.

Such departures from the usual as we have made in this issue, whether you miss what has heretofore been included, or discover something new which you deplore, you will judge knowing that each change has been a carefully considered one. Future editors will profit by your criticism.

Those who have contributed at the expenditure of much time and labor to these pages deserve any thanks you feel. Without the constant and skillful advice of Dr. Carl A. Doering, tabulation of the questionnaire returns would have been impossible. Dr. Douglass V. Brown's interpretation of the results has greatly increased their value. Dr. Hans Zinsser has deftly succeeded in the difficult task of drawing a full-statured picture of Dr. Hunt. Your thanks go to Dr. Philip Grabfield for procuring the dedication picture. Alexander Burgess drafted and decorated the map on the fly leaves, and Edgar Johnwick drew the pictures of the hospitals. William Fields conceived the surrealism which introduces "Allen Street."

It is fitting that the editors give voice to debts which you share less obviously. Dr. C. Sidney Burwell and Dr. Worth Hale have been constantly encouraging, and it is they who have laid the ghosts of many seeming difficulties. To the many alumni who, in their busy day, turned to answer our impertinent questions we send our appreciation. To the secretarial staff of the Administration Office we give thanks for lightening the load of addressing and mailing. We are grateful to Mrs. Douglass V. Brown for help in tabulation.

The Waid Studios, the class photographers, have co-operated in every way; it is they who made the three division page pictures.

To the Andover Press, and especially to Mr. Dino G. Valz, are we deeply indebted for patience in our inexperience, priceless advice when we were bogged down, and for the technical skill which has given this book what grace it possesses.

Obviously our task has been one of many joyous associations. Not without regret, therefore, do we pass the editorial pen to Bernard Glueck, William Schumann, and DeWitt Green, with thanks for their assistance and in sure knowledge of their ability.

A. H. COONS
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R. K. BROWN



From a dry point by Arthur William Heintzelman

TO

REID HUNT

IN TOKEN OF OUR DEEP REGARD

REID HUNT

By HANS ZINSSER, M.D.

WHEN I drive up to the Medical School through the Fenway on winter mornings, I often pass Reid Hunt striding along in all kinds of weather, his head bent forward in a thoughtful attitude and his little satchel—crammed with books—swinging in his hand. I think with regret, at such times, of the unfortunate circumstances which, in modern teaching of large classes with rigid curricula, prevent that close personal association between teacher and student which, in many cases, might represent the best that an educational institution could offer.

I think also, as I watch him, of Reid Hunt the young man, starting one moonlight night many years ago to march with this same erect stride across the desert of the Sudan behind an escort of military convicts to carry his sick friend Saunders to care and safety. I see him then with eyes through which I wish his students could see him when he stands before them in the pit of the lecture hall. They would think of him, then, not only as the eminent scholar, shy beyond all display of learning, but also as the human being to whom his science has been a great adventure for the exercise of that courage and devotion which carried him and his friend safely through Kitchen-er's Sudan in 1898.

We who are a little younger, and the much younger ones who are dedicating this book, are the beneficiaries of the enterprise and intelligence of men like Hunt. If medical biology is today rapidly advancing from pure empiricism in the direction of exact science, this is entirely to the credit of the men of the intellectual generation to which Dr. Hunt belongs, men who subjected themselves to the rigid disciplines of the fundamental sciences without thereby losing their interest in biological problems. The change from the old Huxleyan biology should have come much sooner, for ever since the last half of the Nineteenth Century, when examples like those of Claude Bernard, Pasteur and the rising German school of biochemists demonstrated the vital importance of chemical and physical training for biological research, the course along which progress must inevitably proceed had been marked out. But apart from a few individual pioneers here and there, it was not until 1900 and just before, that this new spirit was carried to American preclinical departments by the group of men like Abel, Chittenden, Christian Herter, Folin, Hunt and their fellows.

Reid Hunt was born in 1870, in Martinsville, Ohio. After graduation from the University at Athens, Ohio, he went to Johns Hopkins and obtained his first technical

training under Newell Martin, in whose school so many American leaders were trained. From Johns Hopkins, Hunt went to Germany to begin his pharmacological training under Binz. Returning, he took his Ph.D. under Howell in 1896 and at the same time obtained an M.D. from the University of Maryland. Apparently his determination to devote himself to the application of chemical methods to biological problems was already thoroughly formulated by this time, for he spent the following summer with Jacques Loeb and Stieglitz at Chicago, one of a group which—though not yet recognized—was to become among the most distinguished in America. His first purely pharmacological work, done at this time, was an investigation of poisonous plants which had caused the death of cattle in the west. It was directly after this that he joined the expedition sent by the College of Physicians and Surgeons in New York to the regions of the upper Nile to study *Polipterus*, the ancestor of all fish. At Wady Halfa, one of his companions—Harrington—sickened of fever and died. Both Hunt himself and Saunders contracted the fever, Hunt lightly, but Saunders seriously, and it was only by the energy and courage of the former that Saunders was transported to safety.

After the Sudan expedition and a brief residence in the United States, there followed for Hunt the two years of training which permanently influenced his work and fixed his interests. The years 1902 to 1904 he spent with Ehrlich in Frankfurt, taking part in the first brilliant introduction of chemical methods and thinking into the new science of immunity. Ehrlich himself, primarily an organic chemist, was interested at this time in the relationship of the structure of organic compounds to physiological action. Under this influence, Hunt began his important studies on quinine.

Ehrlich was undoubtedly one of the great figures of his age. His great learning, combined with a quaint, somewhat crotchety but essentially humorous and warm-hearted nature, seemed to create a school in which community of intellectual interests was combined with strong personal affections and loyalties. An atmosphere pervaded the Frankfurt Institute during this time in which the enthusiastic and friendly young investigator felt at home and happy. He still speaks of those days in such a manner as to make us all wonder why we fail in our present laboratories to find a similar formula. At any rate, Hunt came back from Frankfurt fully moulded in the character and interests which guided the rest of his life.

Soon after his return, began his service at the Hygienic Laboratory of the United States Public Health Service in Washington. Here, during the interval between 1905 and his coming to Harvard in 1915, he did much of the work on which his permanent reputation as a distinguished pharmacologist rests. His earlier investigations on the cholines resulted in the discovery of the action of acetylcholine on blood pressure. There followed methods of standardization of thyroid substances, the demonstration of thyroid hormone in human blood and his fundamental studies on the physiological action of methyl alcohol. His studies on the toxicity of the arsphenamine preparations carried on during recent years have rendered invaluable service toward the safe and effective use of these important therapeutic agents.

It is not the purpose of this brief sketch, however, to catalogue the long list of Dr. Hunt's scientific contributions. His importance as an investigator has been repeatedly acknowledged by his contemporaries in that public recognition which takes the form of election to the National Academy of Sciences, presidencies of conventions, and membership in international bodies such as the Drug Standardization Committee of the League of Nations. Shy and unaggressive, yet utterly uncompromising when appeal is made to his critical judgment, he has exerted a lasting impression on the innumerable younger men who have come to him during these years for advice in problems covering a wide range of medical biology. Erudite to an encyclopaedic degree, he is never condescending or patronizing, even to the humblest beginner. His greatest charm, perhaps, is the simplicity with which he has always taken for granted in those who seek his counsel the same honesty of purpose, devotion to truth and integrity which pervades his own life and thoughts.

Reid Hunt is a very successful man. In ending his long career of service at the Harvard Medical School, he leaves in the minds of his students and colleagues admiration for his wisdom and warm affection for the qualities of his heart and character. Whether or not he goes on with active work in his own field, he may count upon a continuation of indirect usefulness in that, wherever he may be, his advice and his friendship will be sought by everyone who can gain access to him. The tradition which his presence has added to the Harvard Medical School will never cease to be one of its proud assets.





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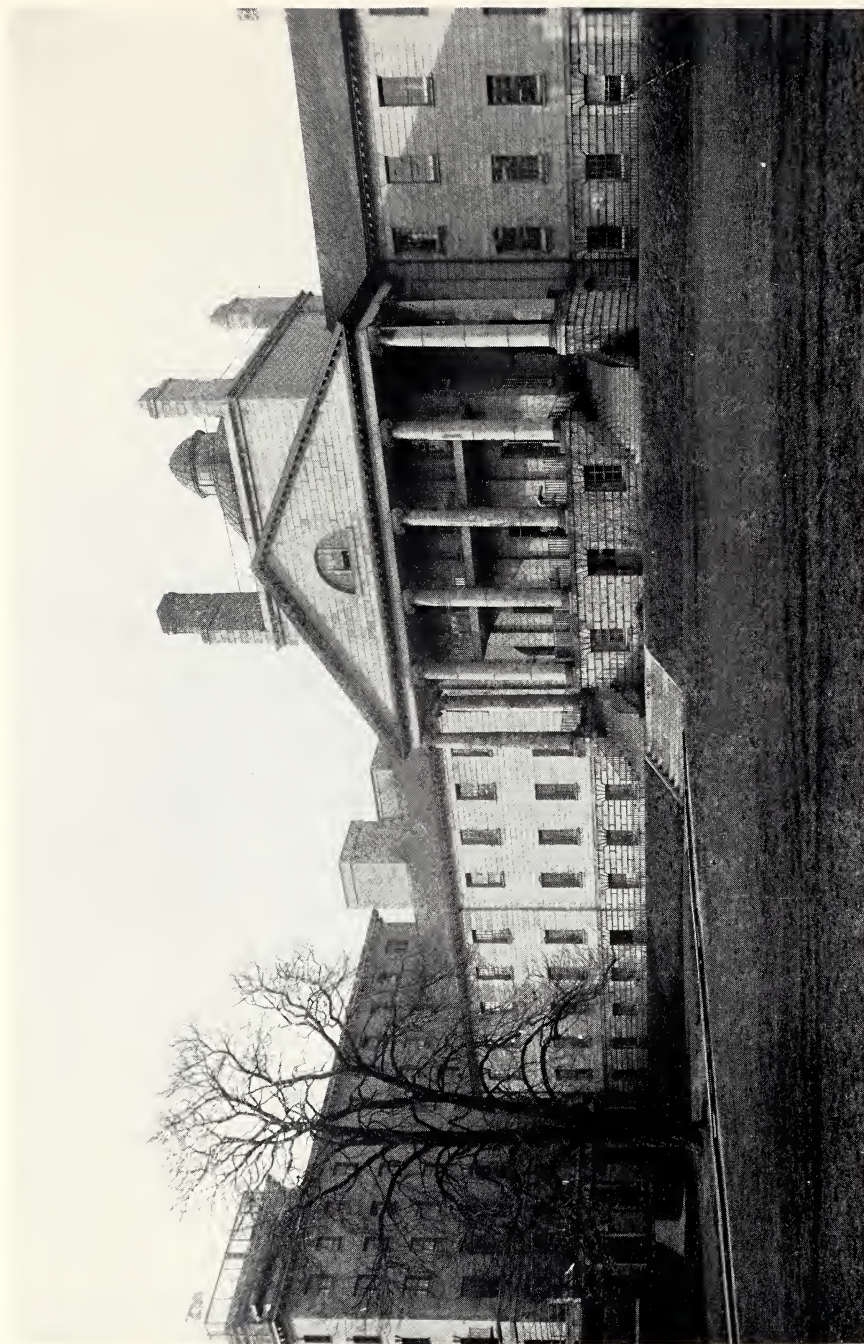
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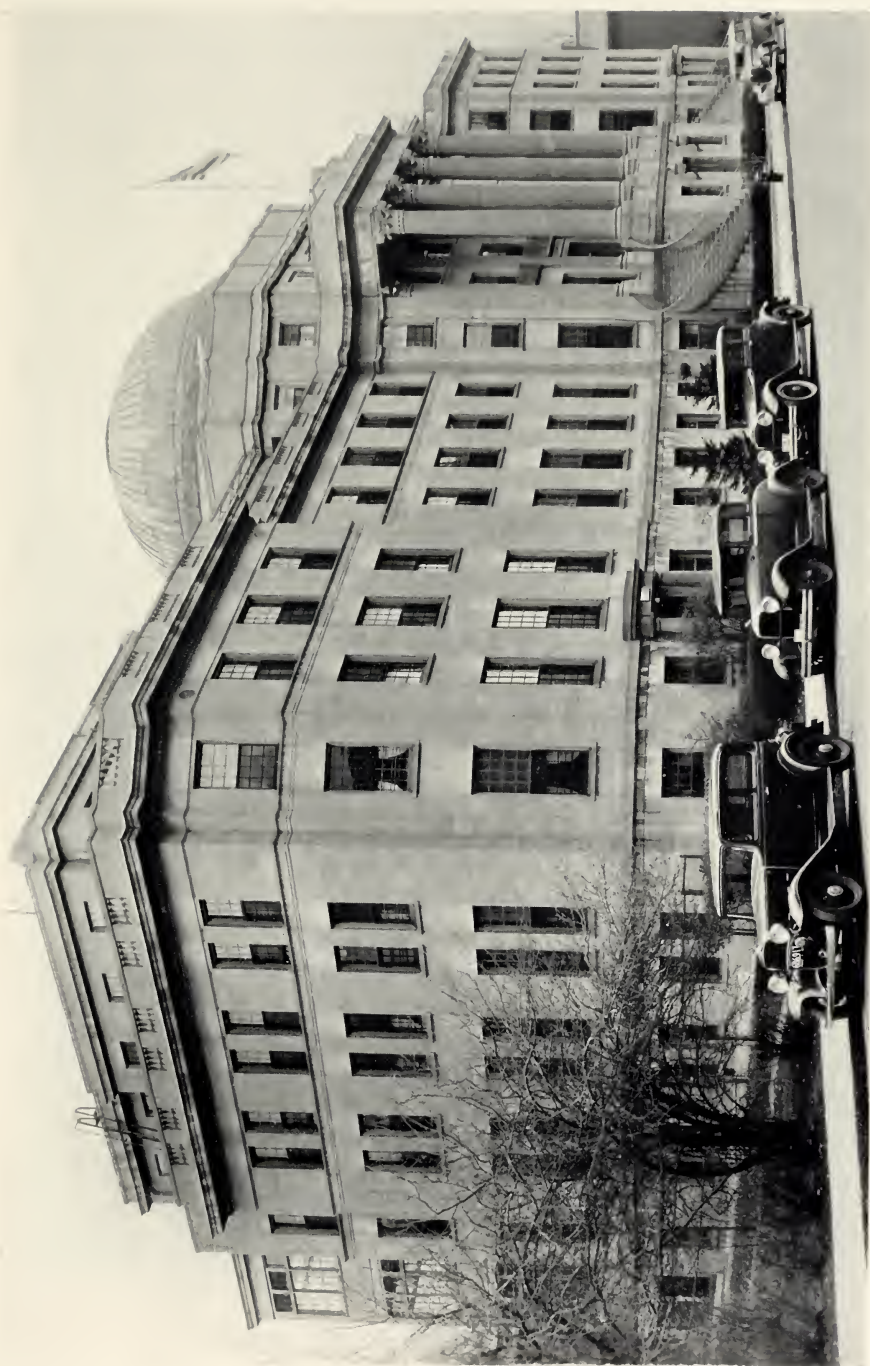
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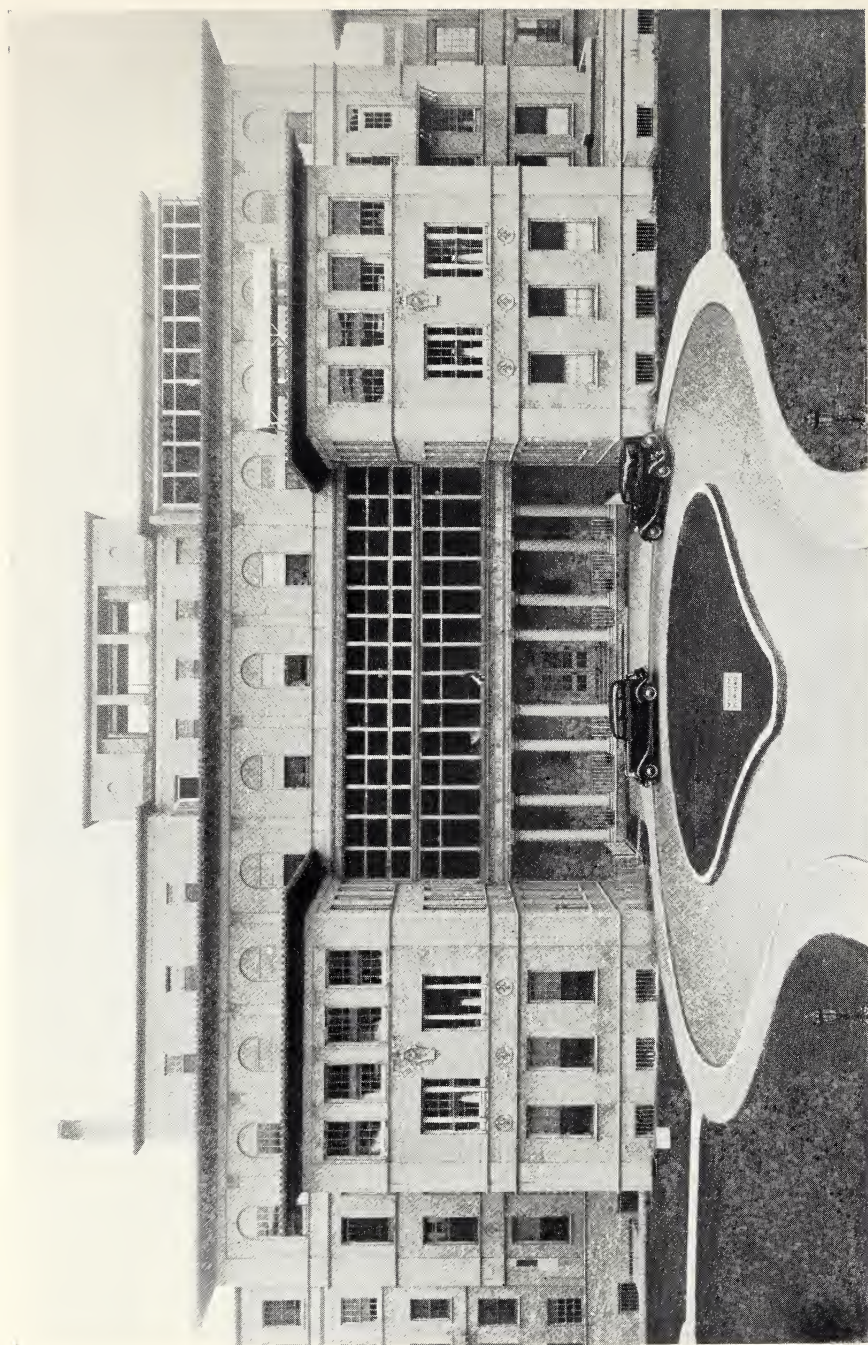
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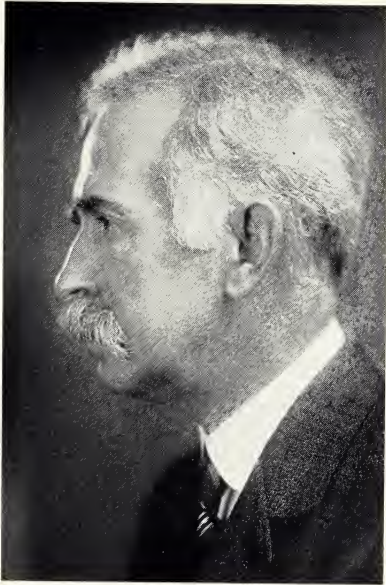
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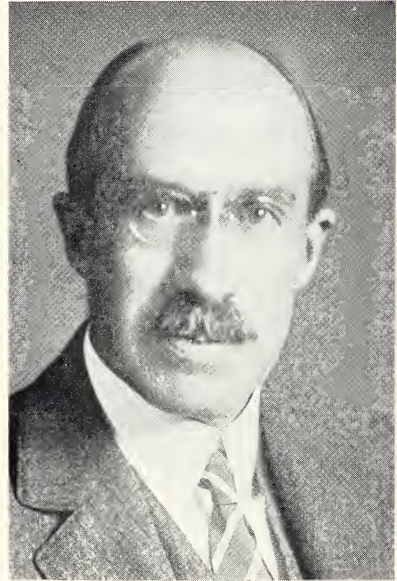
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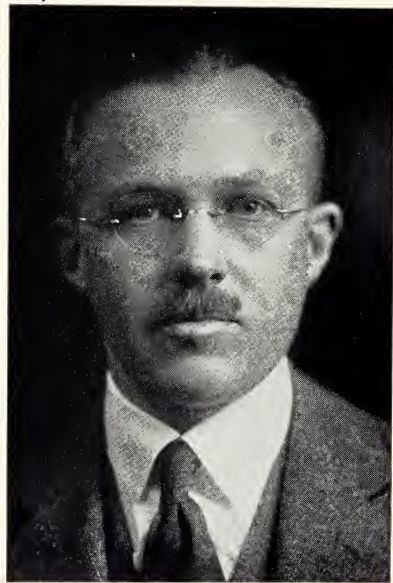
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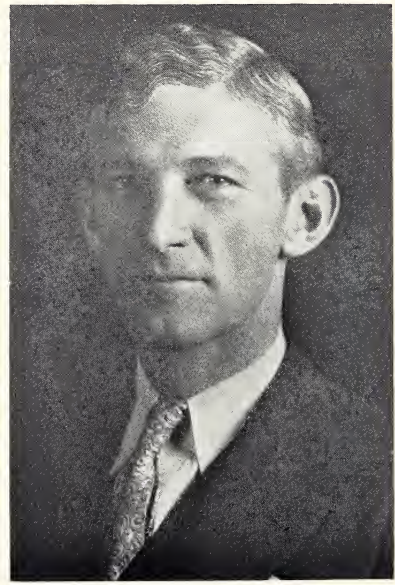
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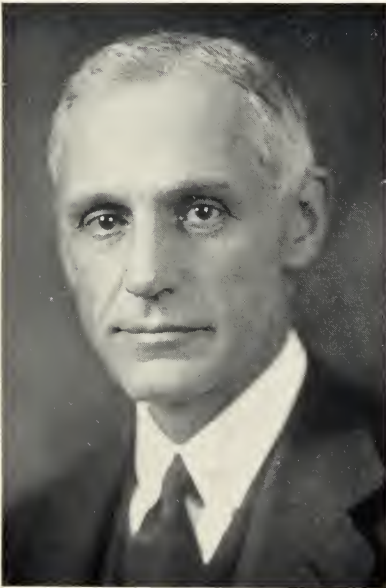
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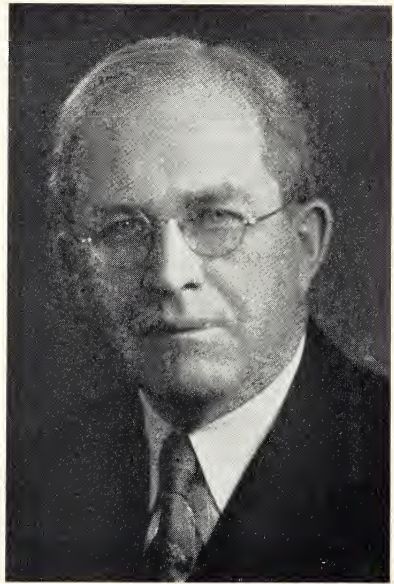
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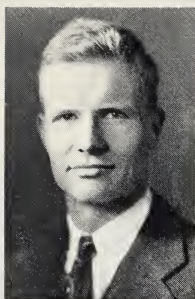


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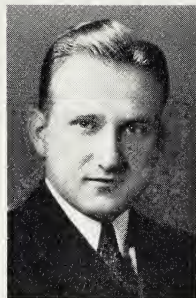
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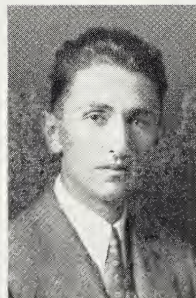
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Medicine
Presbyterian Hospital, New York



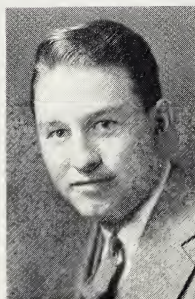
ALBERT JULIEN BLAKE
288 Fair Street, Paterson, N. J.
Rutgers University, S.B., 1933
Practice: Paterson, N. J.
Surgery
Saint Joseph's Hospital, Paterson,
N. J.

EDWARD AUGUST BACHHUBER
306 Williams St., Mayville, Wis.
University of Wisconsin, S.B., 1935
University of Wisconsin Medical
School
Practice: Wisconsin
Milwaukee County General Hos-
pital, Wauwatosa, Wis.



JOHN AUSTIN BOOTH
60 Bayswater St., Boston, Mass.
Harvard University, A.B., 1933
Walter Reed General Hospital,
Washington, D. C.

LLOYD THOMAS BELL
4068 Lafayette Pl., Culver City,
Calif.
University of Southern California
Practice: Los Angeles, Calif.
Pediatrics
Los Angeles County Hospital, Los
Angeles, Calif.



GLIDDEN LANTRY BROOKS
2125 Sewell St., Lincoln, Neb.
University of Nebraska, A.B., 1933
Pediatrics
Children's Hospital, Boston

ROBERT KUHNEN BROWN
 724 N. Tejon St., Colorado Springs,
 Colo.
 Harvard University, S.B., 1932
 Aesculapian Club, Boylston Med-
 ical Society, Nu Signia Nu
 Business Manager, Aesculapiad
 Practice: Colorado
 Surgery
 Massachusetts General Hospital,
 Boston



CHARLES MACFIE CAMPBELL, JR.
 58 Lakeview Ave., Cambridge,
 Mass.
 Harvard University, A.B., 1933
 Lancet Club
 Practice: New England
 Medicine
 Peter Bent Brigham Hospital, Bos-
 ton

ROBERT EMERY BROWNLEE
 Geneva, N. Y.
 Hamilton College, A.B., 1933
 Lancet Club, Boylston Medical So-
 ciety, Aesculapian Club
 Medicine
 Mary Imogene Bassett Hospital,
 Cooperstown, N. Y.



JOHN SEAMAN CHASE
 1004 N. Main St., Brockton, Mass.
 Duke University
 Practice: Brockton, Mass.
 Gynecology and Obstetrics
 Massachusetts General Hospital,
 Boston

CHARLES SILAS BRYAN, JR.
 2 Barnes St., Providence, R. I.
 Harvard University, A. B., 1933
 Practice: Providence, R. I.
 Surgery
 Rhode Island General Hospital,
 Providence, R. I.



RAYMOND CARLTON CLAPP
 414 E. Douglas Ave., Wichita, Kan.
 University of Wichita, A.B., 1933;
 S.M., 1935
 University of Alabama Medical
 School
 Practice: Middle West
 Urological Surgery
 Faulkner Hospital, Jamaica Plain,
 Mass.

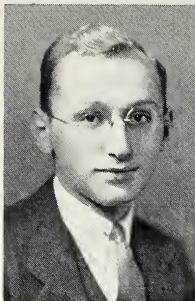
ALEXANDER MANLIUS BURGESS, JR.
 107 Bowen St., Providence, R. I.
 Brown University, A.B., 1933
 Practice: Providence, R. I.
 Internal Medicine
 Boston City Hospital, Boston



JOHN ROBERT COCHRAN, JR.
 370 Chestnut St., Winnetka, Ill.
 Yale University, S.B., 1933
 Nu Sigma Nu, Boylston Medical
 Society, Aesculapian Club
 Practice: Chicago
 Obstetrics
 St. Luke's Hospital, Chicago

SIDNEY COHEN

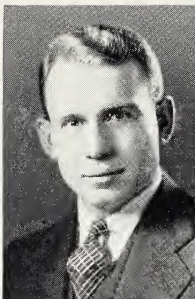
67 Conant Ave., Auburn, Me.
Harvard University, A.B., 1933
Alpha Omega Alpha, Boylston Medical Society
Practice: East
Internal Medicine
Mount Sinai Hospital, New York



JOHN HOWLAND CRANDON
10 Lime St., Boston, Mass.
Harvard University, A.B., 1933
Alpha Omega Alpha, Boylston Medical Society, Nu Sigma Nu
Practice: Boston
Surgery
Boston City Hospital, Boston

WALTER AMES COMPTON

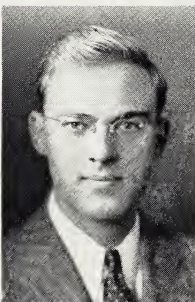
900 W. Lexington Ave., Elkhart, Ind.
Princeton University, A.B., 1933
Boylston Medical Society
Practice: Elkhart, Indiana
Surgery
Billings Memorial Hospital, Chicago, Ill.
Married in 1935 to Phoebe Emerson
One daughter



MICHAEL CROFOOT
412 N. Elmwood Rd., Omaha, Neb.
Stanford University, A.B., 1934
Stanford University Medical School
Nu Sigma Nu
Practice: West
General Practice
Worcester City Hospital, Worcester, Mass.

JUSTUS HENRY COOLEY

324 Dunellen Ave., Dunellen, N. J.
Princeton University, A.B., 1932
Practice: New Jersey
Eye, Ear, Nose, and Throat
Orange Memorial Hospital, Orange, N. J.



BURNET MADURO DAVIS
5816 Blackstone Ave., Chicago, Ill.
Harvard University, A.B., 1932
Trinity College, Oxford, B.A., 1934
University of Oxford Medical School
Alpha Omega Alpha
Surgery
Strong Memorial Hospital, Rochester, N. Y.

ALBERT HEWETT COONS

132 First Ave., Gloversville, N. Y.
Williams College, A.B., 1933
Boylston Medical Society
Editor, AEscULAPIAD
Practice: East
Internal Medicine
Massachusetts General Hospital, Boston



THOMAS ROYLE DAWBER
1334 Toronto St., Philadelphia, Pa.
Haverford College, A.B., 1933
United States Public Health Service
United States Marine Hospital

JOHN FRANK DRAPIEWSKI
22 W. Green St., Nanticoke, Pa.
Harvard University, S.B., 1933
Practice: Pennsylvania
Surgery
Mercy Hospital, Wilkes-Barre, Pa.



WILLIAM HENRY ELLIOTT, JR.
Bunceton, Mo.
University of Missouri, A.B., 1932;
A.M., 1935
University of Missouri Medical
School
Practice: Missouri
Surgery
St. Louis City Hospital, St. Louis,
Mo.

PAUL HENRI DUCHARME
284 Lake St., Rouses Point, N. Y.
Georgetown University, S.B., 1933
General Practice
Boston City Hospital, Boston



CHARLES PHILLIPS EMERSON, JR.
3177 N. Pennsylvania St.,
Indianapolis, Ind.
Princeton University, A.B., 1933
Alpha Omega Alpha, Boylston
Medical Society, Aesculapian
Club
Class Secretary III
Practice: Indianapolis, Ind.
Medicine
Boston City Hospital, Boston

DAVID PARKHURST DUTTON
33 Avon St., Wakefield, Mass.
Harvard University, A.B., 1933
General Practice
Rhode Island Hospital, Providence,
R. I.



GEORGE FRANK EMERSON
52 Columbian St.,
South Weymouth, Mass.
Harvard University, A.B., 1933
Practice: New England
Surgery
Massachusetts General Hospital,
Boston

JOSEPH RUSSELL ELKINTON
Moylan, Pa.
Haverford College, A.B., 1932
Practice: Pennsylvania
Internal Medicine
Pennsylvania Hospital, Philadel-
phia, Pa.



ALBERT CHARLES ENGLAND, JR.
159 Wendell Ave., Pittsfield, Mass.
Harvard University, A.B., 1933
Practice: Pittsfield, Mass.
Medicine
Peter Bent Brigham Hospital,
Boston

ALBERT JOHN ERDMANN, JR.
 7 E. 76th St., New York, N. Y.
 Yale University, A.B., 1933
 Lancet Club, Boylston Medical Society, Aesculapian Club, Stork Club, Serpent Club
 Practice: New York City
 Internal Medicine
 Peter Bent Brigham Hospital, Boston

EDWARD JOSEPH FAIRBANKS
 3319 Newark St., Washington, D. C.
 Middlebury College, S.B., 1933
 Practice: New England
 General Practice
 Worcester City Hospital, Worcester Mass.
 Married in 1934 to Nan Perrotta

LANDERS FINSETH
 Hayfield, Minn.
 Carleton College, A.B., 1933
 Surgery
 Milwaukee County General Hospital, Wauwatosa, Wis.

PAUL ELLIOTT FLOYD
 New Sharon, Me.
 Bowdoin College, S.B., 1933
 Practice: Maine
 General Practice
 Maine General Hospital, Portland, Me.



MARK ANTHONY FOSTER
 1322 Randall Ct., Madison, Wis.
 Kansas State College, S.M., 1931
 University of Wisconsin, Ph.D., 1935
 University of Wisconsin Medical School
 Physiology
 Wisconsin General Hospital, Madison, Wis.
 Married in 1933 to Dr. Ruth Caldwell



JOSEPH ROTCH FROTHINGHAM
 157 Bay State Rd., Boston, Mass.
 Trinity College, S.B., 1933
 Lancet Club, Boylston Medical Society, Aesculapian Club, Stork Club
 Class Vice-President I, Secretary-Treasurer IV
 Practice: Boston
 Medicine
 Peter Bent Brigham Hospital, Boston



GEORGE EDWARD GARDNER
 448 W. Centre, West Bridgewater, Mass.
 Dartmouth College, A.B., 1925
 Harvard University, Ph.D., 1930
 Practice: Boston
 Pediatrics
 Massachusetts General Hospital, Boston
 Married in 1937 to Dr. Beatrice R. Kershaw



HENRY BASCUM GARRIGUES
 Conshohocken, Pa.
 Harvard University
 Aesculapian Club, Boylston Medical Society, Lancet Club, Stork Club
 Practice: Boston
 Surgery
 Massachusetts General Hospital, Boston

LUKE GILLESPIE
16 Wilshire St., Winthrop, Mass.
Harvard University, A.B., 1933
Obstetrics and Gynecology
Eastern Maine General Hospital,
Bangor, Maine



MELVIN MACPIKE GRAVES
17436 Clifton Blvd., Lakewood,
Ohio
Western Reserve University, A.B.,
1934
Practice: Middle West
Surgery
St. Luke's Hospital, Cleveland,
Ohio

ROBERT GOLDSTEIN
Mount Fern, Dover, N. J.
Princeton University, A.B., 1933
Practice: New Jersey
Medicine
Beth Israel Hospital, Boston



DAVID McLEAN GREELEY
1717 Kendall Ave., Madison, Wis.
University of Wisconsin
Aesculapian Club
Peter Bent Brigham Hospital,
Boston

ROBERT EDWARD GRANDFIELD
124 Brown Ave., Roslindale, Mass.
Boston College, A.B., 1933
Practice: Massachusetts
General Practice
Cambridge City Hospital, Cam-
bridge, Mass.



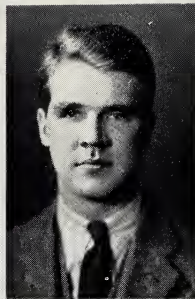
SAUL BERNARD GUSBERG
78 Aldine St., Newark, N. J.
University of Michigan
Practice: New Jersey
Internal Medicine
Collis P. Huntington Memorial
Hospital, Boston

ROALD NORMAN GRANT
29 E. Wilson St., Madison, Wis.
University of Wisconsin, S.B., 1935
Surgery
Springfield Hospital, Springfield,
Mass.



JACK SMALLWOOD GUYTON
Oxford, Miss.
University of North Carolina, A.B.,
1933
Alpha Omega Alpha
Ophthalmology
Johns Hopkins Hospital, Baltimore,
Md.
Married in 1934 to Elizabeth Russel
Quinn

JOHN SUMNER HATCH
 Memorial Drive, Idaho Falls, Idaho
 University of Utah
 Practice: Idaho Falls, Idaho
 Surgery
 Starling-Loving University Hos-
 pital, Columbus, Ohio
 Married in 1934 to Pauline Smith



JAMES TAYLOR HEYL
 Wahackme Rd., New Canaan, Conn.
 Hamilton College, A.B., 1933
 Lancel Club, Aesculapian Club,
 Boylston Medical Society
 Practice: New England
 Medicine
 Massachusetts General Hospital,
 Boston

LLOYD ELMER HAWES
 7 Newbury St., Somerville, Mass.
 Harvard University, A.B., 1933
 Practice: Boston, Mass.
 Medicine
 Massachusetts General Hospital,
 Boston



WILLIAM VINCENT HINDLE
 655 Broad St., Providence, R. I.
 Holy Cross College, A.B., 1933
 Practice: Providence, R. I.
 Orthopedic Surgery
 Boston City Hospital, Boston

RODNEY BUGBEE HEARNE
 1324 Lexington Way, Seattle, Wash.
 University of Washington, S.B.,
 1933
 Practice: Seattle, Washington
 Surgery
 Harborview Hospital, Seattle, Wash.



THOMAS HAMILTON HOGSHEAD
 14 Madison Place, Staunton, Va.
 Johns Hopkins University, A.B.,
 1932
 Psychiatry

MILTON GELERNTER HENDLICH
 River Rd., Fair Lawn, N. J.
 University of Maryland, S.B., 1931
 Neuropsychiatry



GEORGE TURNER HOWARD, JR.
 1847 S. Limestone St., Lexington,
 Ky.
 University of Kentucky, A.B., 1933
 Nu Sigma Nu, Boylston Medical
 Society
 Practice: Kentucky
 Surgery
 Boston City Hospital, Boston

RUTLEDGE WILLIAM HOWARD
Cutchogue, Long Island, N. Y.
Princeton University, A.B., 1932
Alpha Omega Alpha, Nu Sigma Nu,
Boylston Medical Society, Aesculapian Club
Class President III; Vice-President IV
Practice: New York
General Practice
Peter Bent Brigham and Children's Hospitals, Boston



ROBERT GORDON JOHNSTON
5 S. Union St., Cambridge, N. Y.
Yale University, A.B., 1933
Lancet Club, Boylston Medical Society
Practice: Cambridge, N. Y.
General Surgery
New Haven Hospital, New Haven, Conn.

MURRAY SHIPLEY HOWLAND, JR.
80 Vestal Ave., Binghamton, N. Y.
Yale University, A.B., 1933
Alpha Omega Alpha, Boylston Medical Society
Practice: Buffalo, N. Y.
Internal Medicine
Buffalo General Hospital, Buffalo, N. Y.



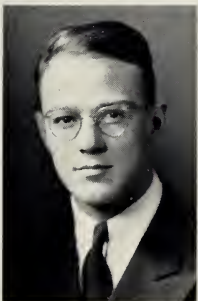
EDGAR BERNARD JOHNWICK
Gainesville, Fla.
University of Florida, S.B., 1930
United States Public Health Service
United States Marine Hospital

ELLIOTT SAMUEL HURWITT
185 Pleasant St., Brookline, Mass.
Harvard University, A.B., 1933
Practice: Boston
Surgery
Mount Sinai Hospital, New York



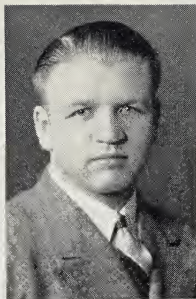
HERBERT WILLIAM JONES, JR.
2418 W. 22nd St., Minneapolis, Minn.
Harvard University
Practice: Minnesota
General Practice
Billings Memorial Hospital, Chicago, Ill.

JOSEPH WILSON JOHNSON, JR.
Lookout Mountain, Tenn.
Princeton University, A.B., 1933
Aesculapian Club, Boylston Medical Society, Lancet Club, Stork Club
Class President II, IV
Practice: Chattanooga, Tenn.
Internal Medicine
Presbyterian Hospital, New York (Pathology)



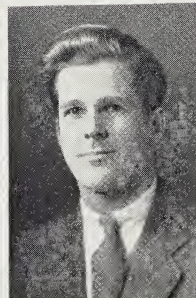
HERBERT MAURICE KATZIN
755 Clinton Ave., Newark, N. J.
Harvard University
Phi Delta Epsilon
Practice: Newark, N. J.
Internal Medicine
Mount Sinai Hospital, New York

JAMES KENNETH KEELEY
 630 E. Ridgewood Ave., Ridgewood
 N. J.
 Dartmouth College, A.B., 1934
 Dartmouth Medical School
 Surgery
 Massachusetts General Hospital,
 Boston (Neurosurgery)



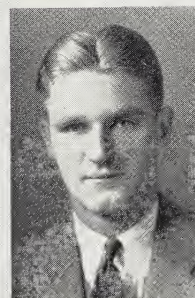
EDWARD MAX KNECHT
 Madison, Wis.
 University of Wisconsin, S.B., 1935
 University of Wisconsin Medical
 School
 Surgery
 Lankenau Hospital, Philadelphia,
 Pa.

NEWELL RAYMOND KELLEY
 15 Main St., Rocky Hill, Conn.
 Brown University, A.B., 1933
 General Practice
 Hartford Hospital, Hartford, Conn.



WILDER SANGER LANE
 91 Kilmarnock St., Boston, Mass.
 Amherst College, A.B., 1933
 Practice: East
 United States Public Health Service
 United States Public Health Service
 Hospital
 Married in 1935 to Patricia Ball

ROBERT GEORGE KING
 1414 S. Union Ave., Alliance, Ohio
 Mount Union College, S.B., 1933
 Nu Sigma Nu, Boylston Medical
 Society
 Practice: Alliance, Ohio
 Surgery
 Bellevue Hospital, New York



JOSEPH JOHN LANKIN, JR.
 69 Charles St., Pittsfield, Mass.
 Williams College, A.B., 1933
 Practice: Pittsfield, Mass.
 General Practice
 Hartford Hospital, Hartford, Conn.

FRIEDRICH WILHELM KLEMPERER
 14 Greylock Rd., Newton, Mass.
 University of Freiburg Medical
 School
 Research in Biochemistry
 Harvard University Medical School
 Married to Inge Klink
 One daughter, one son



THEODORE HUME LEE
 6 Upper Beverly Hills,
 W. Springfield, Mass.
 Yale University, A.B., 1932
 Lancet Club
 Practice: New England
 Surgery
 Palmer Memorial Hospital, Boston

FREDERICK JOSEPH LESEMAN, JR.
 8156 Peoria St., Chicago, Ill.
 University of Chicago, S.B., 1934
 University of Chicago Medical
 School
 Nu Sigma Nu
 Practice: Chicago
 General Practice
 Mallory Institute, Boston
 (Pathology)



WILLIAM HOLBROOK LOWELL, JR.
 4 Lakeview Rd., Winchester, Mass.
 Bowdoin College, A.B., 1933
 General Practice
 Hartford Hospital, Hartford, Conn.
 Married in 1936 to Lydia P. Bartlett

GERSON JONAS LESNICK
 8309 Colonial Rd., Brooklyn, N. Y.
 Harvard University, S.B., 1933
 General Surgery
 Mount Sinai Hospital, New York



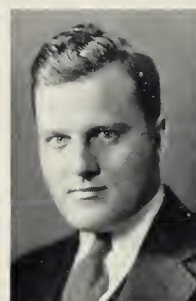
JOHN SNODGRASS LYLE
 25 Lowden Ave., W. Somerville,
 Mass.
 Dartmouth College, A.B., 1934
 Dartmouth Medical School
 Practice: New England
 General Practice
 Mary Hitchcock Memorial Hospital
 Hanover, N. H.

PAUL HOWARD LILJESTRAND
 150 Fifth Ave., New York, N. Y.
 Ohio Wesleyan University, A.B.,
 1933
 Practice: West China
 Medicine
 Queen's Hospital, Honolulu, T. H.



DONALD CHARLES LYNCH
 23 S. Lenape Ave., Trenton, N. J.
 Princeton University, A.B., 1933
 Practice: New Jersey
 General Medicine
 Mercer Hospital, Trenton, N. J.

STANLEY LOUIE
 2310 E. Ward St., Seattle, Wash.
 University of Washington, S.B.,
 1929
 Practice: China
 Surgery
 Peiping Union Medical College
 Hospital, Peiping, China



THOMAS FRANCIS MCCARTHY
 173 Oak St., Lewiston, Me.
 Boston College, A.B., 1933
 Practice: Lewiston, Me.
 Surgery
 Boston City Hospital, Boston

CHARLES JOSEPH MCGEE

118 Hillcrest Ave., Brockton, Mass.
Boston College, A.B., 1931; S.M.,
1932
Practice: New England
General Practice
Knickerbocker Hospital, New York

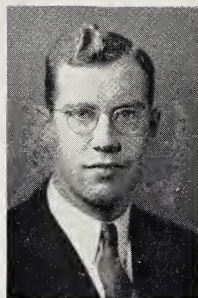


GEORGE GRENVILLE MERRILL, JR.

Merrillton, Newport, R. I.
Princeton University, A.B., 1932
Cornell Medical School
Nu Sigma Nu, Aesculapian Club,
Stork Club
Tropical Medicine

JOHN BYRON MCKITTRICK

60 Greenwood Ave., W. Newton,
Mass.
University of Wisconsin
Harvard University
Lancet Club, Boylston Medical So-
ciety
Practice: Boston
Surgery
Massachusetts General Hospital,
Boston

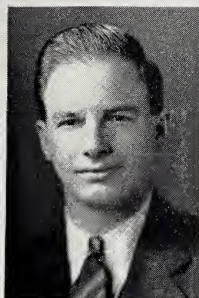


ROBERT WIEPKING MEYER

121 Waverley St., Palo Alto, Calif.
Stanford University, A.B., 1932
Practice: California
Surgery
Huntington Memorial Hospital,
Boston
Worcester City Hospital, Worcester,
Mass.

ARTHUR EDSON MACNEILL

634 Moody St., Waltham, Mass.
Harvard University, A.B., 1933
Pediatrics
Mary Hitchcock Memorial Hospital
Hanover, N. H.



ROWLAND LIONEL MINDLIN

88 Central Park West, New York,
N. Y.
Harvard University, S.B., 1933
Alpha Omega Alpha
Medicine
Beth Israel Hospital, Boston

WILLIAM KENNEY MASSIE, JR.
341 N. Broadway, Lexington, Ky.
University of Kentucky, A.B., 1933
Nu Sigma Nu
Surgery
Massachusetts General Hospital,
Boston (Pathology)
Married in 1936 to Laura J. Spivey



DANIEL LEO MOONEY

164 Colfax St., Fall River, Mass.
Holy Cross College, A.B., 1933
Practice: Fall River, Mass.
Surgery
Carney Hospital, Boston

ROBERT SAMUEL MYERS

1336 Otter St., Franklin, Pa.
Amherst College, A.B., 1933
Alpha Omega Alpha
Practice: New England
Surgery
Peter Bent Brigham and Children's
Hospitals, Boston



DONALD EDWARD NITCHMAN
437 Brandywine Ave., Schenectady,
N. Y.
Union College, A.B., 1933
Practice: Albany, N. Y.
Pediatrics
Strong Memorial Hospital, Roches-
ter, N. Y.

JOSEPH WYCKOFF NADAL

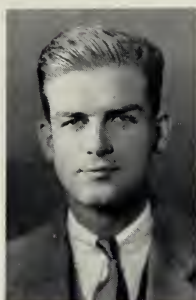
1136 Benton Ave., Springfield, Mo.
Drury College, A.B., 1932
Practice: Middle West
Surgery
Geisinger Memorial Hospital, Dan-
ville, Pa.



JOHN COLEMAN NUNEMAKER
Twin Falls, Idaho
University of Idaho, S.B., 1932;
S. M., 1933
Practice: Pacific Northwest
General Practice
Peter Bent Brigham Hospital,
Boston

RICHARD SCUDDER NEFF

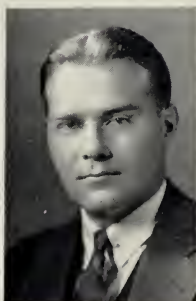
30 Scott St., Chicago, Ill.
Harvard University, S.B., 1934
Lancet Club, Stork Club, Aescula-
pian Club, Boylston Medical So-
ciety
Surgery
Peter Bent Brigham and Children's
Hospitals, Boston



RICHARD RAPP OWENS
220 W. Jackson St., Muncie, Ind.
Ohio Wesleyan University, A.B.,
1933
Surgery
Phillips House (Massachusetts Gen-
eral Hospital), Boston

CLARENCE NELSON

55 Allston Way, San Francisco,
Calif.
University of California, A.B., 1933
Massachusetts General Hospital,
Boston
Married in 1934 to Dr. Marion Van
Velzer



FRANKLIN KITTREDGE PADDOCK
435 South St., Pittsfield, Mass.
Yale University, A.B., 1933
Lancet Club, Boylston Medical So-
ciety, Aesculapian Club, Stork
Club, Serpent Club, Vanderbilt-
ischer Saengerfest (Kapellmeister)
Practice: Pittsfield, Mass.
General Practice
Presbyterian Hospital, New York

DONALD DEWITT PARKER

2955 Lincoln Ave., Pasadena, Calif.
Stanford University, A.B., 1933
Alpha Omega Alpha, Nu Sigma Nu,
Boylston Medical Society, Aesculapian Club
Class President I
Practice: California
Medicine
Presbyterian Hospital, New York



JOHN BENJAMIN PEARSON
Salisbury, Mo.

University of Wisconsin, S.B., 1935
University of Wisconsin Medical
School
Alpha Omega Alpha
Practice: Middle West
General Practice
Milwaukee County General Hospi-
tal, Milwaukee, Wis.
Married in 1935 to Alice E. Gomber
One son

RALPH CHANDLER PARKER, JR.

16 Summit St., Batavia, N. Y.
Union College, A.B., 1933
Lancet Club, Boylston Medical So-
ciety, Stork Club, Serpent Club
Rochester General Hospital,
Rochester, N. Y.



EDWARD WILLIAM PHIFER, JR.
Morganton, N. C.

Davidson College, A.B., 1932
University of North Carolina Med-
ical School
Practice: Morganton, N. C.
Surgery
New Haven Hospital, New Haven,
Conn.

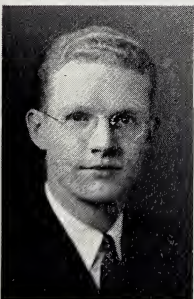
HUBERT CLIFTON PATTERSON, JR.
219 North St., Albemarle, N. C.
Duke University, A.B., 1936
University of North Carolina Med-
ical School
Practice: North Carolina
Surgery
Baltimore City Hospital, Balti-
more, Md.



RICHARD BRANCH PIPPITT
54 Kingston Ave., Port Jervis, N. Y.
Hamilton College, S.B., 1932
Lancet Club, Boylston Medical So-
ciety
Practice: New England
Medicine
Massachusetts General Hospital,
Boston
Married in 1936 to Lillian G. Ross

FRANK PAYNE

505 North Vermilion St., Danville,
Ill.
University of Illinois, A.B., 1932,
A.M., 1933
Associate Editor, AEscULAPIAD
Surgery
New Haven Hospital, New Haven,
Conn.



JOSEPH HYDE PRATT, JR.
Chapel Hill, N. C.
University of North Carolina, A.B.,
1933
Nu Sigma Nu, Boylston Medical
Society
Practice: South
Surgery
Boston City Hospital, Boston

HERMAN PRESTON PRICE
820 Morningside Rd., Ridgewood,
N. J.
Princeton University, A.B., 1933
Practice: New Jersey
General Practice
Medical Centre, Jersey City, N. J.



ERIC ROBERT SANDERSON
Minneota, Minn.
University of Minnesota, S.B., 1935
University of Minnesota Medical
School
Nu Sigma Nu
Practice: Middle West
Surgery
Faulkner Hospital, Jamaica Plain,
Mass.

SETH HOLT READ
4 Grove St., Belfast, Me.
Bowdoin College
Practice: Maine
General Practice
Rhode Island Hospital, Providence,
R. I.
Married in 1935 to Dorothy M.
Howard



JOHN ARTHUR SANDMEYER
Route 1, Buhl, Idaho
University of Idaho, S.B., 1931
Practice: West
General Practice
Peter Bent Brigham Hospital,
Boston
Married in 1936 to Edna Scott

RICHARD LORD RILEY
Washington Rock Rd., Plainfield,
N. J.
Harvard University, S.B., 1933
Preventive Medicine
St. Luke's Hospital, New York



EMANUEL BARNETT SCHOENBACH
1480 Jesup Ave., New York, N. Y.
Harvard University, S.B., 1933
Alpha Omega Alpha
Mount Sinai Hospital, New York
Married in 1934 to Frances D.
Rubens

FREDERICK SANBORN
8 Black Horse Terr., Winchester,
Mass.
Dartmouth College, A.B., 1934
Dartmouth Medical School
Pathology
Palmer Memorial Hospital, Boston

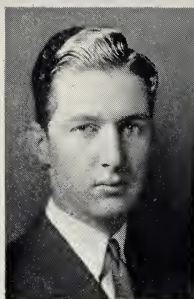


WALDRON MORTON SENNOTT
19 Whiting Ave., Torrington, Conn.
Colgate University, A.B., 1932
Public Health
United States Marine Hospital

LEWIS GORDON SHEPLER
 9 Library St., Mystic, Conn.
 University of Rochester, A.B., 1934
 Practice: Connecticut
 Surgery
 Long Island College Hospital,
 Brooklyn, N. Y.



WALKER STAMPS
 Lumber Bridge, N. C.
 University of North Carolina, S.B.,
 1935
 University of North Carolina Med-
 ical School
 Practice: North Carolina
 Internal Medicine
 Bellevue Hospital, New York



RICHARD WARREN SMITH
 67 Lancaster St., Worcester, Mass.
 Duke University, A.B., 1932
 Dartmouth Medical School
 Springfield Hospital, Springfield,
 Mass.



GEORGE CHAPIN STEELE
 13 Boulevard St., W. Springfield,
 Mass.
 Harvard University, S.B., 1933
 Practice: Springfield, Mass.
 General Medicine
 Springfield Hospital, Springfield,
 Mass.



DAVID KIRK SPITLER
 3165 Monmouth Rd., Cleveland
 Hts., Ohio
 Dartmouth College, A.B., 1934
 Dartmouth Medical School
 Practice: Cleveland, Ohio
 Internal Medicine
 Lakeside Hospital, Cleveland, Ohio



EUGENE HERMAN STERNE, JR.
 3645 Washington Ave., Cincinnati,
 Ohio
 Harvard University, S.B., 1932
 Practice: Cincinnati, Ohio
 Medicine
 Beth Israel Hospital, Boston



NORMAN FREDERICK SPRAGUE, JR.
 1506 Lexington Rd., Beverly Hills,
 Calif.
 University of California, A.B., 1934
 University of California Medical
 School
 Practice: Los Angeles, Calif.
 Surgery
 Bellevue Hospital, New York



MATTHEW WILLIAM STEVENS
 Spokane, Wash.
 University of Washington, S.B.,
 1930
 Practice: Pacific Northwest
 General Practice
 Deaconess Hospital, Spokane, Wash.
 Married in 1929 to Gertrude Pence
 One daughter



DOUGLAS HOFFMAN STONE
203 Westway, Baltimore, Md.
Johns Hopkins University, A.B., 1933
Surgery
Union Memorial Hospital, Baltimore, Md.



ROBERT MAYO TENERY
905 W. Marvin Ave., Waxahachie, Texas
University of Colorado, A.B., 1933
Practice: Waxahachie, Texas
General Surgery
University Hospital, Philadelphia, Pa.

ALVIN L. SWENSON
533 S. Pleasant St., Independence, Mo.
University of Kansas, S.B., 1933
Practice: Middle West
Surgery
University Hospital, Oklahoma City, Oklahoma



LEWIS THOMAS
143-50 Roosevelt Ave., Flushing, N. Y.
Princeton University, S.B., 1933
Alpha Omega Alpha, Aesculapian Club, Boylston Medical Society
Class Vice-President III
Internal Medicine
Boston City Hospital, Boston

ORVAR SWENSON
533 S. Pleasant St., Independence, Mo.
William Jewell College, A.B., 1933
Practice: Missouri
Surgery
Starling-Loving University Hospital, Columbus, Ohio



JOSEPH JAMES THOMPSON
27 Poole Ave., Gloversville, N. Y.
Antioch College, S.B., 1934
Practice: Gloversville, N. Y.
General Practice
Bellevue Hospital, New York
Married in 1934 to Margaret Ruth Worden

JOSEPH LOGAN TANSEY
63 Orchard Hill Rd., Jamaica Plain, Mass.
Boston College, A.B., 1933
Practice: Boston
Ophthalmology
St. Vincent's Hospital, Worcester, Mass.



WILLIAM WALLACE TRIBBY
1717 Ridge Ave., Coraopolis, Pa.
College of Wooster, A.B., 1931
University of Alabama, A.M., 1935
University of Alabama Medical School
Practice: West
General Practice
Lakeville Tuberculosis Sanatorium, Middleboro, Mass.
Married in 1935 to Anice K. Satterwhite

WESLEY VAN CAMP

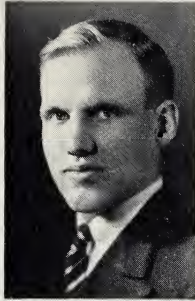
272 Chestnut St., Battle Creek,
Mich.

Albion College, A.B., 1931

Practice: Michigan

General Practice

Harper Hospital, Detroit, Mich.



STAFFORD MANCHESTER WHEELER

83 Phillips St., Boston, Mass.

Harvard University, A.B., 1932

Epidemiology

Sydenham Hospital, Baltimore, Md.

Married in 1933 to Anne Bolling



RICHARD WILLIAM VILTER

2100 Auburn Ave., Cincinnati, Ohio

Harvard University, A.B., 1933

Practice: Cincinnati, Ohio

Internal Medicine

Cincinnati General Hospital, Cin-
cinnati, Ohio

Married in 1935 to Kathryn Sue
Potter

THOMAS ROBERT FISK WHITE

Sunset Drive, Redlands, Calif.

California Institute of Technology,
S.B., 1931

Practice: Los Angeles, Calif.

Orthopedic Surgery

Johns Hopkins Hospital, Baltimore,
Md.

Married in 1934 to Edith K. Eyre

HANS WAINE

2100 Fillmore St., San Francisco,
Calif.

University of Muenster, Ph.D., 1931

Columbia University Medical
School

Lancet Club

Practice: San Francisco

Internal Medicine

University of California, San Fran-
cisco, Calif.

Married in 1932 to Edith S. Loew-
enstein

One son



McCHORD WILLIAMS

1115 South Blvd., Charlotte, N. C.

Furman University, S.B., 1932

Duke University, A.M., 1933

University of North Carolina Med-
ical School

Practice: North Carolina

Surgery

Peter Bent Brigham and Children's
Hospitals, Boston

ALEXANDER WEBB, JR.

15 N. Dawson St., Raleigh, N. C.

University of North Carolina, A.B.,
1933

Boylston Medical Society, Nu Sig-
ma Nu

Practice: South

Surgery

Roosevelt Hospital, New York City



ROBERT DEAN WOOLSEY

Maquon, Ill.

University of Illinois, A.B., 1933

Practice: Middle West

General Practice

St. Luke's Hospital, St. Louis, Mo.

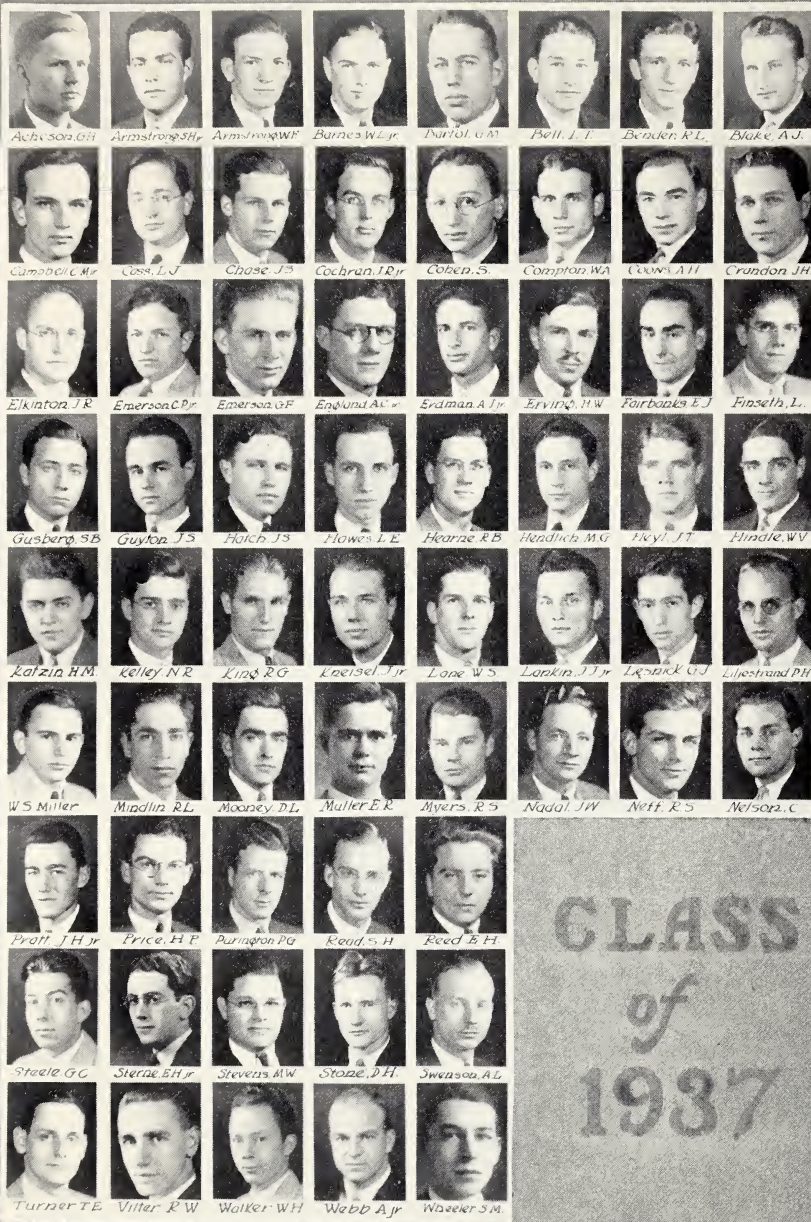
HENRY HARCUS WORK, JR.
 155 Hughes Ave., Buffalo, N. Y.
 Hamilton College, A.B., 1933
 Pediatrics
 Children's Hospital, Boston



LESTER PING KOON YEE
 1641 Nuuanu St., Honolulu, T. H.
 University of Hawaii, S.B., 1935
 Alpha Omega Alpha, Boylston
 Medical Society
 Practice: Hawaii
 General Practice
 Massachusetts General Hospital,
 Boston

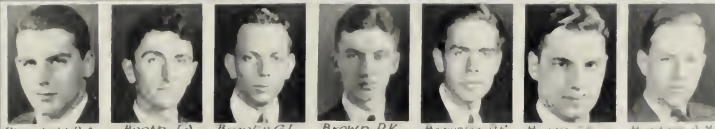


LYNWOOD DUANE ZINN
 Glenville, W. Va.
 West Virginia University, S.B., 1935
 West Virginia University Medical
 School
 Practice: Baltimore, Md.
 Otolaryngology
 Hartford Hospital, Hartford, Conn.
 Married in 1936 to Ruth Virginia
 Blake



CLASS of 1937

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Booth J.A. Booth J.A. Brooks G.L. Brown R.K. Brown R.K. Brown R.K. Brown R.K.



Crowley F.L. Dwyer T.A. Dwyer T.A. Dwyer T.A. Dwyer T.A. Dwyer T.A. Dwyer T.A. Dwyer T.A.



Floyd J.E. Frothingham J.E. Gurnea H.B. Gillespie L. Goldstein R. Grandt W.H. Graves M.M. Greer J.D.M.



Howard G.T. Howard R.W. Howland M.S. Hughes H.A. Hurwitz B.S. Johnson J.W. Johnson J.W. Jones H.W.



Lloyd W.J. Lowell W.H. Lynch D.C. MacNeill A.E. Massie W.K. McCarthy T.F. McKittrick J.B. Meyer R.W.



Nichman D.E. Nunnally A. Owens R.W. Paddock R.K. Porter D.D. Porter R.C. Rorer F.R. Ryan V.K.



Rhodes E.L. Riley K.L. Sandmeyer J.A. Schenck R.S. Shepard L.O.



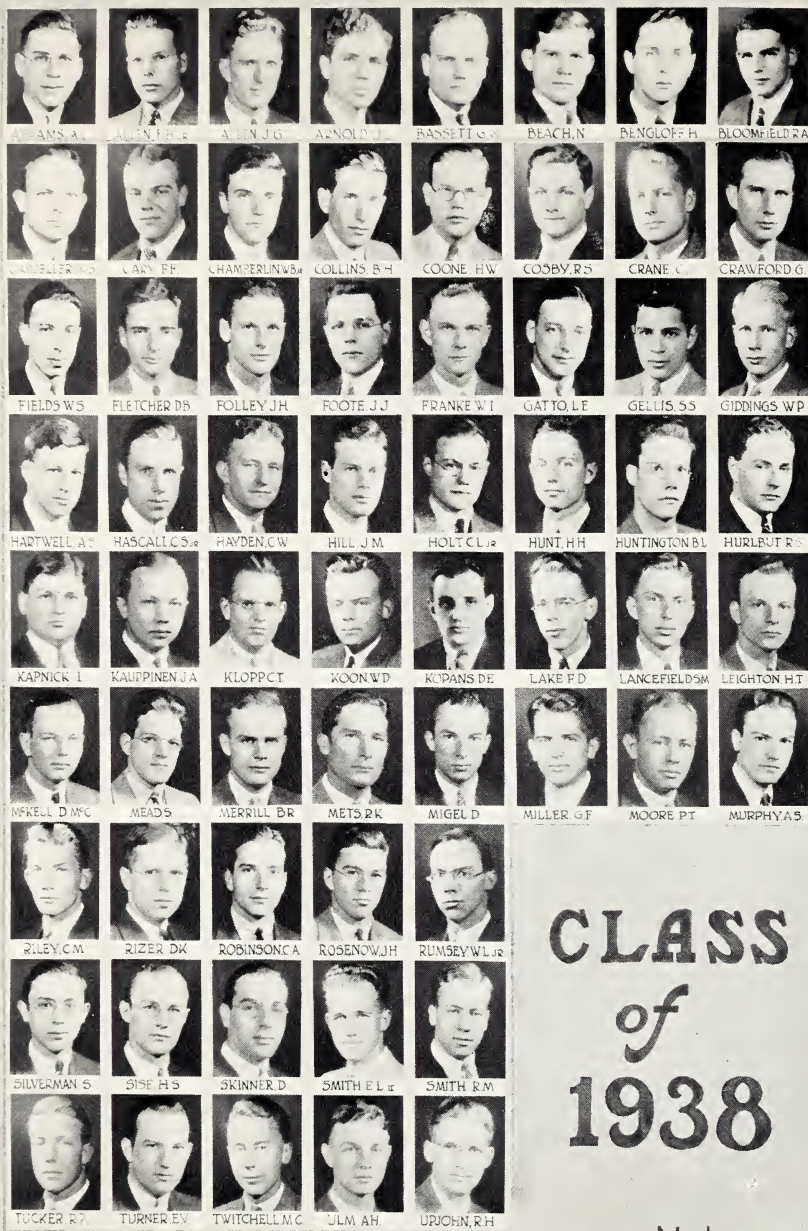
Swenson O. Tansey J.L. Tenery R.M. Thomas L. Thompson J.



White T.R. Woolsey R.D. Work H.H. Work H.H.

CLASS
of
1937

Notman



CLASS of 1938

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BRADY W. JR. BO. WILK. H. BAYN. HUBMANN A. HUBBANK. B. CAHILL F. CAMPBELL W.



CUTLER E. DALY C. DAVIS R. F. DAY E. DEE J. E. ED. TEIN H. EVANS R. FRANKLIN D. H. C.



GLUECK R. C. GREEN D. W. A. GRIZDIS V. D. GIMMESS H. HAASE F. J. HAMILTON S. T. LADD T. B. HARRINGTON J.



INGERSOLL F. M. C. JAGER R. V. JENNISON D. B. JOHNSON C. C. JOHNSON D. B. JONES G. E. JONES H. B. JONES W. B.



LEPREAU F. J. LIEBMAN S. D. LORIMER R. V. MABON R. F. MAC LAREN W. MAIER J. MANGELS M. W. MCALLISTER F. F.



NELSON J. NILES R. D. O'BRIEN W. H. OLIVER E. B. PYLES W. J. RAMBO R. REED H. B. RICE T. A.

CLASS of 1938

Notman



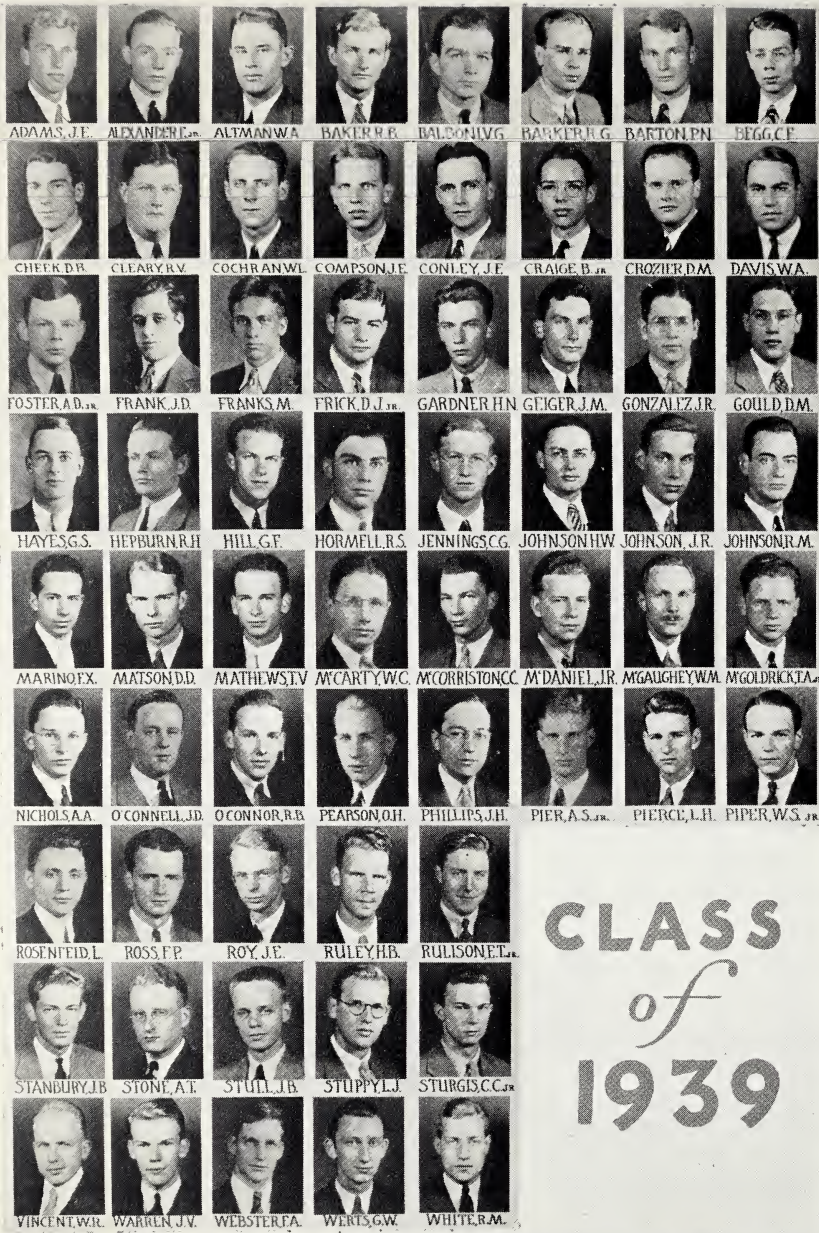
RUSSELL H. N. SCHNEIDER A. B. SCHUMANN W. R. EELER A. O. SHAW L. H.



SMITH S. H. STROBINOL J. TATLOCK H. THOMSON S. TRUSLOW J. B.



WARREN J. E. WESTON J. I. WILDER R. M. JR. WILKINSON A. W. YANKAUER A. JR.



CLASS of 1939



MILLARE, R.P. BENNETT, J.G. BILL, A.H. JR. BOWDEN, L. JR. BRABSON, J.A. BURRAGE, W.C. CARLTON, W.T.



DINGLE, J.H. DINGMAN, J.A. DUNLAP, D.L. DYER, E.C. FARRINGTON, R.E. FERGUSON, E.V. FISHER, J.C. FLEMISTON, R. JR.



GREEN, G.G. GROGAN, R.H. HACKBORN, N.L. HANAGHAN, J.A. HANDY, V.H. HARRIS, W.D. HARWOOD, P.H. HASLAM, E.T.



KANE, L.W. KEMP, W.W. KUMMER, J. LARKIN, J.J. JR. LAWRENCE, E.H. LEWIS, L.R. LYTTLE, T.L. MAHADY, S.C.



MENDENHALL, I.T. MICHAEL, M. JR. MIXTER, C.G. JR. MOORE, T.D. MORRISON, E.I. MOSTOF, F.K. MYERSON, P.G. NEWMAN, L.V.



PLASS, H.E.R. PROUDFITT, W.L. QUINBY, J.T. RATHBUN, L.S. REAGAN, D.J. JR. REPPUN, J.T. RIKER, W.L. ROACH, J.T.

CLASS *of* 1939



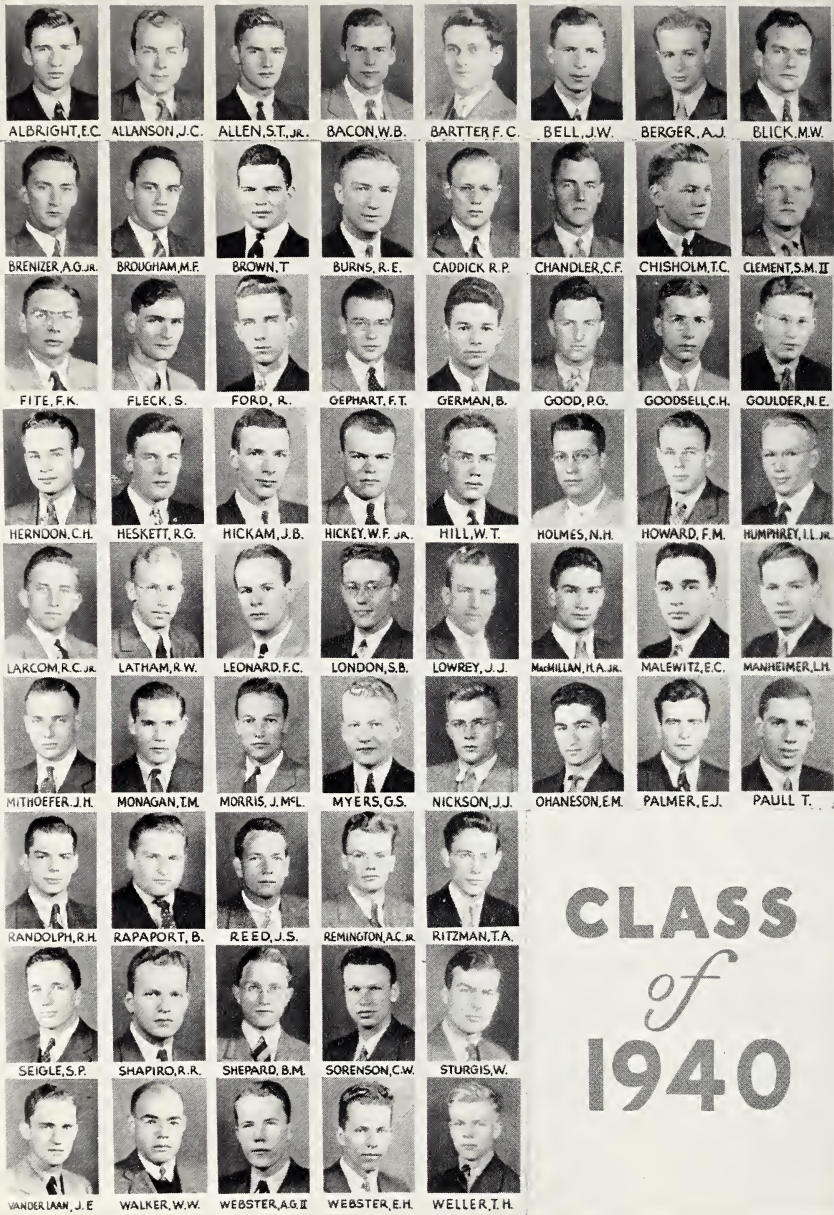
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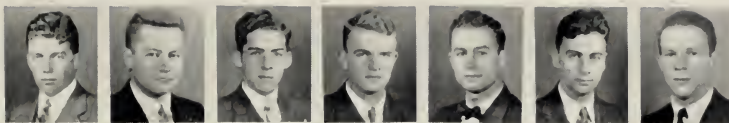
SWAN, H. II SWELNEY, H. JR. TAYLOR, H.L. TUCKER, W.I. WINNING, W.L. JR.



WIGHER, WILSON, J.L. WING, L.T. WOOLFE, H. JR. WYMAN, S.M.



CLASS *of* 1940



BLANCHARD, R. S. BOGUNIECKI, S. J. BOONE, E. W. BOSHER, L. M. JR. BRADLEY, R. H. JR. BRAND, R. W. BREED, C. N. JR.



DAVID, F. C. DAVIS, B. D. DEMING, A. S. DEMING, E. G. DUPLER, D. A. ELIEL, L. P. ELMORE, S. E. JR. EVANS, L. R.



GRAFTON, E. G. JR. GRANT, M. GREENE, D. G. GREENE, W. A. JR. GUNKLER, W. A. HASLITINE, C. P. HASTINGS, N. HEDBLUM, C. A.



KAHN, A. JR. KAMBU, E. KEARNEY, M. W. JR. KILHAM, L. KINGSLAND, L. C. JR. KURNICK, N. B. LALLY, J. E. LANG, M. B.



MCWOLLESS, C. M. JR. MCQUEENEY, A. J. MEIOS, J. W. MEILMAN, E. MILLARD, E. B. JR. MILLER, E. S. MILLS, F. MIRKEN, A. S.



PAVLO, I. L. PERRY, T. J. JR. PICCIOTTI, R. A. PILLSBURY, P. L. PORTER, A. POTSUBAY, S. F. JR. PRATT, E. L. PRESTLEY, W. F.

CLASS *of* 1940



ROBINSON, F. C. RYAN, B. J. SALL, R. D. SANTACROSSA, L. E. SCANNELL, J. G.

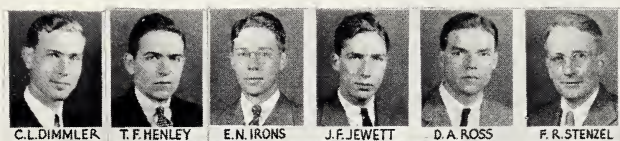


SWEENEY, D. N. JR. THOMPSON, A. THOMPSON, J. H. TIGHE, T. J. G. TIMM, A. B. JR.



WELLS, S. M. WHITE, L. WHITE, W. A. JR. WOOD, P. R. ZOOLDOOMIAN, M. H.

1938



C. L. DIMMLER

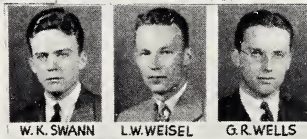
T. F. HENLEY

E. N. IRONS

J. F. JEWETT

D. A. ROSS

F. R. STENZEL



W. K. SWANN

L. W. WEISEL

G. R. WELLS

1939



K. E. LIVINGSTON

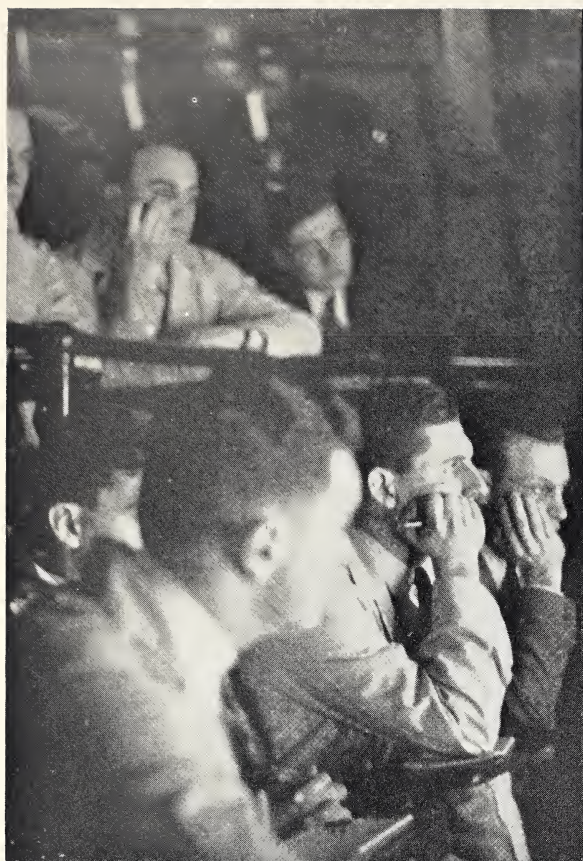
A. S. MURPHY

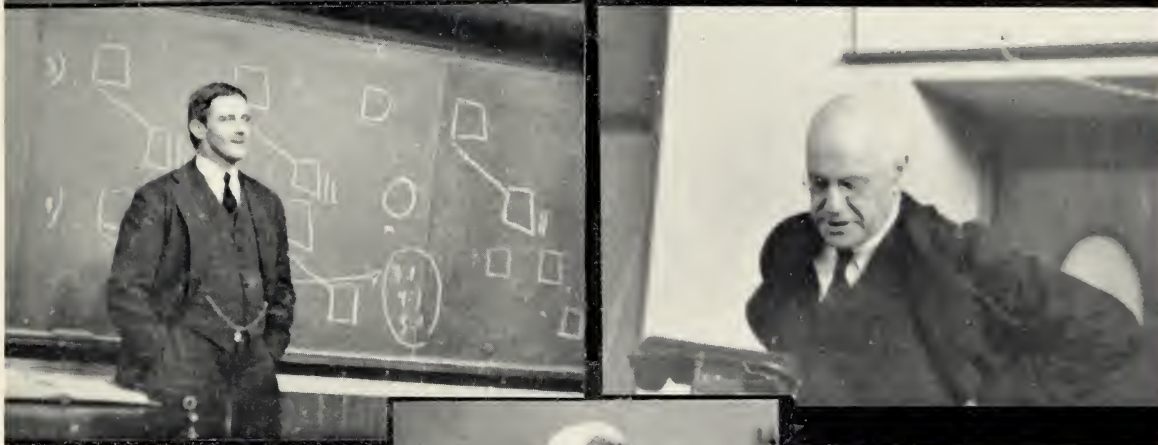
H. B. REED

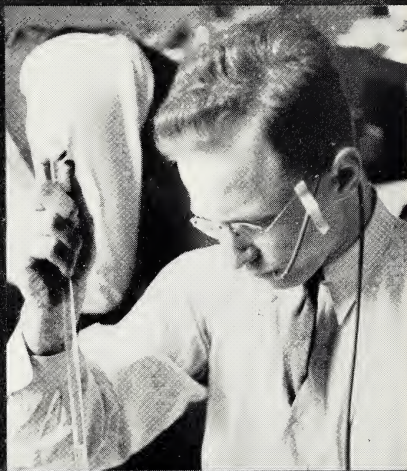
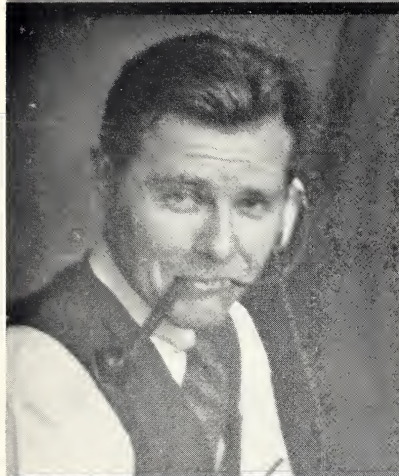
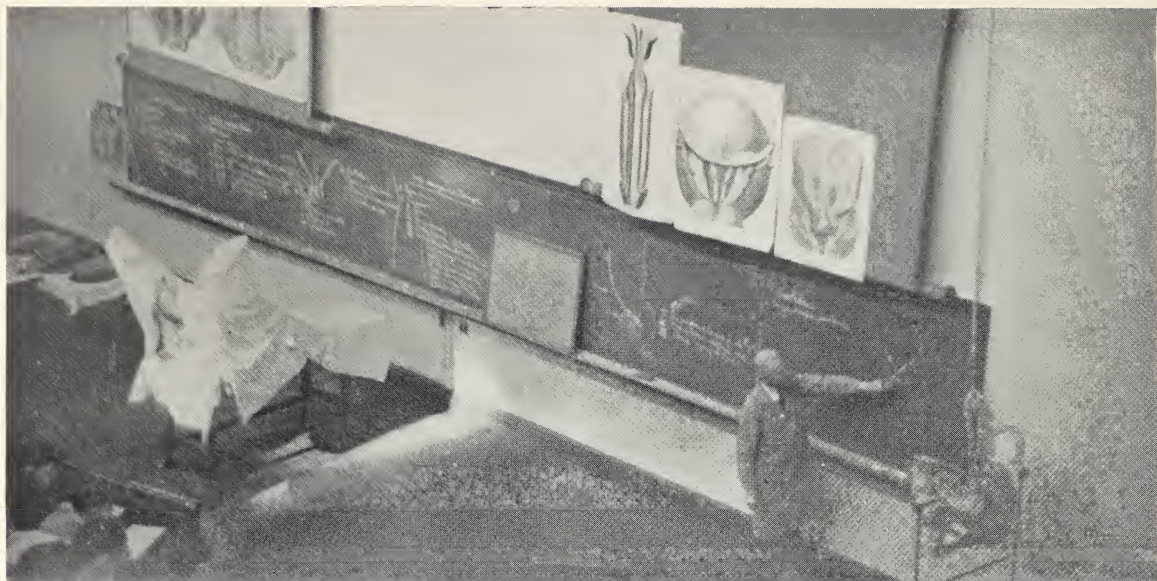
A. H. ULM



THIS is within the gate. On the pages which follow are yourselves and your colleagues young and old at the many businesses of the day. When you walk here you walk behind the medical scenes, following the cameras of Robert White, Rowland Mindlin, Mayo Tenery, and Charles McGee. The long labor and judgment involved in selecting negatives from a vast collection, planning their arrangement, and finally mounting their enlargements has been done by Rowland Mindlin with obvious competence and taste.



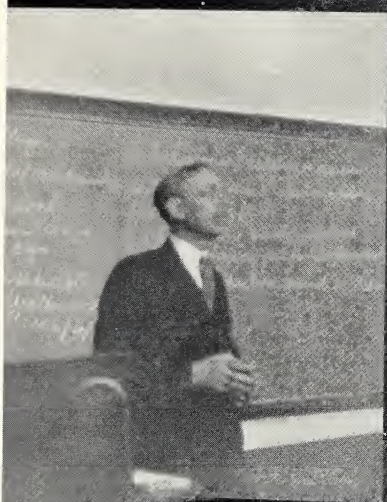














1937 AESCULAPIAD QUESTIONNAIRE

PLEASE READ THE WHOLE THROUGH BEFORE ANSWERING. THEN FILL IN
BLANKS AND CROSS OUT INCORRECT PHRASES

Locality (by states) Oregon Population of community 15,000
Year of graduation from medical school 1927

I. TRAINING

- a. I ~~had~~ had an internship for 22 months in a ~~teaching~~ non-teaching hospital on a ~~non-rotating~~ rotating (please specify Surgical) service.
b. I ~~had~~ had not an ~~assistant~~ resident residency in a ~~teaching~~ non-teaching hospital in ~~medicine~~ surgery.
c. I ~~had~~ had not special training in preclinical sciences (please specify which).

II. PRESENT ACTIVITIES

- a. I ~~am~~ am primarily engaged in the practice of medicine, or in some field closely related to medicine in the broad sense. (If "am not," please specify what:)
b. My annual net income derived from such activity is: below \$2,500; \$2,500-\$4,999; \$5,000-\$9,999; \$10,000-\$19,999; \$20,000-\$50,000; above \$50,000. What portion of this is salary (use an approximate percentage)? 25%
c. I ~~am~~ am primarily engaged in:
General practice ~~with~~ with some major surgery.
Internal medicine (if subdivision, please specify).
Surgery (if subdivision, please specify).
Laboratory medicine (please specify).
Research (clinical).
d. I ~~am~~ am not primarily engaged in:
Institutional medicine (e.g., industrial, sanatorium).
Public Health work.
Military or naval medicine.
Administrative work related to medicine.
e. I ~~do~~ do not teach ~~full time~~ part time in a ~~recognized~~ other medical school.

Academic title, if any

III. I ~~am~~ am

satisfied with medicine as a life's work.

IV. REMARKS

(You are invited to use other side of page for any additional comments.)

Please DO NOT sign

(over)

CAKES AND ALE DAYS

Results of a Questionnaire Sent to Harvard Medical School Classes of 1907, 1917, and 1927

INTRODUCTION

THE questionnaire reproduced on the preceding page was sent to each member of the classes graduated ten, twenty, and thirty years ago. The answers were completely anonymous. Of the 265 to whom the questionnaire was mailed, 160, or 60%, replied in time for tabulation. When the questionnaire method is used thus without a follow-up, the returns usually are in smaller proportion than this. The number sent to each class (every living member with a known address received one) and the replies are tabulated in Table I.

The crucial facts to uncover, of course, are those which determine success in the medical field. A glance at the questionnaire makes it evident that the measuring-stick used in this study was income; poor criterion though it is, we could devise no other. Accordingly, all the data were studied in relation to this one factor, with the further assumption that time after graduation was an essential function of income. The classes were therefore kept strictly separate.

The forty percent who did not answer are an unknown throughout these figures. Why they did not reply is a fundamental question. In some cases it was no doubt due to the press of work, or to apathy, obstinacy, reticence; but it seems probable that failure conditioned the reluctance of many. As one reads along he must not forget these ghosts.

INTERPRETATION OF THE RESULTS

by

DOUGLASS V. BROWN, Ph.D.

Assistant Professor of Medical Economics

BEFORE any attempt is made to discover the economic significance of the data revealed in the answers to the questionnaire, a few words of caution are necessary. There can be no certainty that the replies are typical of the graduates of Harvard Medical School as a whole. In fact, since some forty percent of those to whom the questionnaire was sent did not reply, it may well be that the data are not even representative of the general experience of the three classes included in the study. The numbers included in each group are small, and inferences based on a small number of observations should be considered suggestive rather than conclusive.

Perhaps the most striking feature of the

156 replies is the relatively high level of the net incomes which is reported. For each of the three classes, the median net income falls within the interval, \$5,000-\$9,999; in the case of the replies from 1907 and 1917, it may probably be assumed that the median would fall rather nearer to the upper limit, \$9,999, than to the lower. In earlier and more inclusive studies of physicians' incomes in 1928 and 1929, carried out by the American Medical Association and the Committee on the Costs of Medical Care, median net incomes were found to be below \$5,000. Strictly speaking, direct comparison with the earlier studies is not possible, since the present sample contains an atypically high propor-

tion of specialists, of practitioners in large communities, and of physicians who have been in practice for only a few years. When rough adjustments are made to take account of these factors, it still seems clear that the reported incomes of this group of Harvard Medical School graduates are substantially higher than those which were earlier found to be representative of the country as a whole. It should be emphasized, moreover, that the more inclusive studies dealt with incomes which reflected the experience of a period of prosperity, whereas the present study reflects that of a period of depression. With this in mind, the contrast becomes even more marked.

A comparison of income by year of graduation is interesting, even though the results are hardly startling. An examination of Table I and Chart I suggests what might have been expected in advance: that the members of the Class of 1927 have not yet had time to reach the levels of income that have

been attained by the earlier classes. The returns make it clear that many of the members of the Class of 1927 have been in practice only a few years. There is no reason to suppose that their incomes will remain permanently lower than the incomes of those who preceded them.

Attempts to analyze the importance of income derived from salary were faced with several special difficulties. In the first place, in many of the returns no answer was given to the question that referred to salaries. In the second place, it is doubtful how much importance can be attached to salaries which account for only a small percentage of a physician's income. Finally, the replies in all but a few cases gave no indication as to whether the salaried position was likely to be permanent or was merely a temporary expedient.

In an effort to get around these difficulties, certain arbitrary procedures were carried out. In all but three of the cases in which no answer was recorded, the proper answer seemed clear from the context, and was entered as such. The further assumption was made that real significance attached only to those cases in which 50% or more of income was derived from salary. The proportions of those who received the major share of their

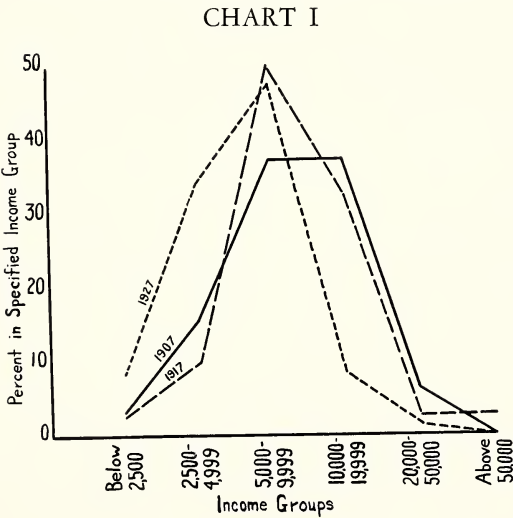


CHART I. Income-groups calculated as percentage of total replies received from each class. Each point represents the top of a bar on a bar-graph; the points have been connected for convenience of visualization. The income-groups are not of uniform range, and these curves are therefore statistically unorthodox. This, however, does not affect the validity of the following observations. Note the plateau in the Class of 1907; and that more incomes fall above than below the peak in the Class of 1917, whereas in the Class of 1927 the reverse is true.

TABLE I

INCOME GROUP	CLASS					
	1907		1917		1927	
	No.	%	No.	%	No.	%
Below \$2,500	1	3	1	3	7	8
\$2,500-4,999	5	16	4	10	29	35
\$5,000-9,999	12	38	20	50	40	48
\$10,000-19,999	12	38	13	33	7	8
\$20,000-50,000	2	6	1	3	1	1
Above \$50,000	0	0	1	3	0	0
Totals	32		40		84	
Total Number Sent	58		76		131	
Percent Returns	55		53		64	
Total Returns		Percent		60*		

*This includes 4 returns untabulated for lack of fundamental data.

TABLE I. Income-groups for Harvard Medical School graduates of 1907, 1917, and 1927, based upon questionnaires answered. Also the total number of questionnaires sent to each class and the percentage return.

income in the form of salary were as follows: 1907, 9.4%; 1917, 20%; 1927, 32.1%. If those who did not answer are excluded entirely, the corresponding percentages are 13, 22, and 36, respectively.

Correlation of present income with length of time spent in internship and residency seems to yield more definitive results. Since no effort was made to ascertain the length of time spent as resident, it was arbitrarily assumed that each residency or assistant residency represented a period of twelve months. (There is evidence that if the actual time spent in residency were known, the results would not be appreciably affected.) Calculated on this basis, the differences are pronounced. In the Class of 1907, those individuals whose incomes amounted to \$10,000 or more had spent an average of 25 months as internes or residents; those whose incomes were less than \$10,000, an average of only 19 months. The same contrast is apparent in the Class of 1917, the corresponding averages being 26 and 17 months. Put in another way, of those who spent the longest periods as residents or internes, a larger proportion tended to fall in the upper income groups.

In the case of 1927 graduates, however, no significant differences can be found. If the dividing line is drawn at \$5,000 instead of \$10,000, there is a little evidence that incomes of those who have spent less time in hospitals are higher than the incomes of those who have continued as residents. It is obvious of course, that the longer the period spent in hospitals, the shorter the period available for building up a practice.

A study of these results offers no clear-cut answer to the question: does extra hospital experience pay? It suggests, however, that it has on the whole tended to "pay" for those members of the two earlier classes who replied to the questionnaire. But, here again, a word of caution is necessary. It may be that the factors which have made it possible for individuals to undertake extra training have also operated to smooth the way after they have gone into practice. No answer to this

query can be given from the data available. So far as the Class of 1927 is concerned, it may perhaps be inferred, in the absence of knowledge of any special circumstances, that those with the longest periods of training have not yet had time to overcome the financial handicap of a later start in practice.

When the returns are separated by geographical sections of the country, the numbers in most areas are so small that comparisons have no real validity. There is some slight evidence that incomes within the region which includes New England, New York, New Jersey, and Pennsylvania tended to run somewhat lower than those outside this area, but the results probably have no statistical significance. Inasmuch as several of the replies included warnings against choosing Boston as a lucrative field, the returns from this city were compared with those from the rest of the country. No real difference attributable to the geographical factor could be discovered from this comparison.

Similarly, attempts to find differences based upon the size of the community produced results that were largely negative. There were suggestions that members of 1907 were faring better in the larger communities, but the differences were not pronounced.

The replies were classified by type of practice, and the results are summarized in Table II. In a number of cases, it was difficult to decide upon the appropriate designation. In general, the "partial specialists" of other studies have probably been included under the heading "general practice" in the table on page 79. The numbers represented in the various categories of "types of practice" are so small that statistical manipulation would be dangerous. On the whole, however, it would appear that the surgical specialties have somewhat the best of the bargain, and general practice somewhat the worst, while the medical specialties fall between. The relative success of the few urologists represented is perhaps worthy of notice.

There is much that is of economic signifi-

cance in the interesting comments accompanying many of the replies. Some of these may well have a wider meaning than the coldly formal statistical summaries. One would hesitate to deny, for example, the gen-

eral applicability of the couplet which one member of the Class of 1907 appended to his reply:

"A little cash now and then
Would keep the wolf in his mountain den."

APPENDIX

THE observant reader will have noticed that some of the questions have received no consideration in the body of this report. This was a necessary arrangement in view of the decision to relate all data to income. Questions tangential to the central problem, or those which because of few affirmative answers made no positive contribution to the main theme, have therefore been placed here in the shade.

Because the word "primarily" occurs in each division of the section of the questionnaire headed "Present Activities," it has not been possible to determine the number of activities engaged in by each individual. Some replies forsook a literal interpretation and presented a list of activities. The ratio of activities to people throughout the whole group was 181/156. Without doubt this would have been higher had this aspect of the data been thought of when the questionnaire was planned.

Very few of the men who answered confessed to a special training in the preclinical sciences.

Only five in the whole group stated they were engaged solely in research, and but five more admitted doing any research. However, this may well be due to the above-mentioned inclusion of the word "primarily."

With regard to teaching, the data is striking: with significant uniformity in all three classes, about 35% of those replying indicated that they taught whole or part time.

Only one man in the entire group returned a net income above \$50,000. He had a surgical internship in a teaching hospital, special training in pathology and chemistry, and 6 years of residency. He is now practicing urology in the West, and writes: "Seven

years of hospital training—three years too long—if I had started at the end of four years of training, I would have been well able to take care of anything that came my way. As it was I was 35 when I started private practice, after having spent an extra three years learning to do complicated surgical procedures which I now encounter only rarely." He states he is satisfied with medicine as a life's work.

However, there were five alumni in the series who were not satisfied with medicine, and four more whose satisfaction was qualified. They speak for themselves:

"I am not satisfied with medicine as a life's work, not because of it as a profession, but because of the great disillusionment in its commercialization. There are inevitable circumstances bound to arise in the average home which impede the desired progress and further add to the dissatisfaction experienced."

"Would be satisfied with the practice of medicine if on a fixed salary so that I could better judge how to manage my affairs. The variation in income from month to month makes things difficult at times."

"I am not satisfied with medicine as a life's work in Boston. I should have gone to a smaller community."

"I am satisfied with medicine as a life's work, but not with the income or manner of practice as yet (2 years of practice so far)."

"I am satisfied with medicine as a life's work spiritually and intellectually, but not as a means of making a living."

It is readily seen that parts of the tabulation of this material have been fascinating. The following "Remarks" are printed in random order because of their interest.

TABLE II

TYPES OF PRACTICE	YEAR OF GRADUATION AND NET INCOME-GROUP																		Totals
	1907						1917						1927						
	Below \$2,500	\$2,500- \$4,999	\$5,000- \$9,999	\$10,000- \$19,999	\$20,000- \$50,000	Above \$50,000	Below \$2,500	\$2,500- \$4,999	\$5,000- \$9,999	\$10,000- \$19,999	\$20,000- \$50,000	Above \$50,000	Below \$2,500	\$2,500- \$4,999	\$5,000- \$9,999	\$10,000- \$19,999	\$20,000- \$50,000	Above \$50,000	
General Practice	—	3	3	3	—	—	—	3	3	3	—	—	1	10	12	2	1	—	44
Surgery	—	2	2	3	—	—	1	—	3	4	1	—	—	2	5	1	—	—	24
Internal Medicine	—	—	2	—	1	—	—	1	3	5	—	—	3	5	12	1	—	—	33
Pediatrics	—	—	1	—	—	—	—	—	4	—	—	—	—	4	1	—	—	—	10
Obstetrics	—	—	2	2	—	—	—	—	1	—	—	—	1	1	3	—	—	—	10
Eye, Ear, Nose, and Throat	—	—	1	2	—	—	—	—	2	1	—	—	—	1	1	1	—	—	9
Urology	—	—	—	1	1	—	—	—	—	—	—	1	—	1	—	1	—	—	5
Others	1	—	1	1	—	—	—	—	4	—	—	—	2	5	6	1	—	—	21
Totals	1	5	12	12	2	0	1	4	20	13	1	1	7	29	40	7	1	0	156

TABLE II

Income-groups and types of practice. Note how small the numbers become when subdivision is attempted.

REMARKS

(Medicine) has not lived up to expectations, but perhaps it would have been the same in any other line. The hopes of youth are high.

I am well satisfied with medicine as a life work as I do not have any desire to accumulate wealth or to carry on a very large active practice which requires constant attention and devotion to patients. I find time to read a great variety of things for my own personal interest and pleasure. . . . My interests aside from the care of my patients consist in fishing and the making of my own lures, . . . and visiting the friends I like, irrespective of their social or financial status. . . . I look forward to growing old gracefully and gently and hope that I shall not have too much time after my usefulness as a physician has ended.

Entered the U. S. Navy Medical Corps immediately after graduation at the time of the World War. . . . Although the field is limited as compared to general practice or surgery in civil life, I consider it very satisfactory and the opportunities to practice medicine and surgery free from many political, unethical, and abnormal relationships which arise outside of the military service.

Naval and military medicine offers excellent field for those wishing to follow pure scientific medicine, or to engage in research.

. . . Hospitals where internes are used—with little or no attempt to teach said internes—should be blacklisted. (There are many such.)

I am satisfied with medicine as a life's work. Perhaps I should say that I have been. Like Dante I am now about

midway the road of this life and find myself in a dark wood. For the most part I have enjoyed my work; my income has been ample; I have lived well enough and have had some "fun"; I have saved enough to be secure in my old age if I ever arrive there and the government does not upset my plans. In the long run I think that the experience of your predecessors may give you some hint of what to expect but I seriously doubt if ten, twenty, or thirty years is enough. We are no doubt in a period of revolution, social and economic, and if you wish to discover some hint of what to expect you must by some method foresee the outcome of that revolution. May I suggest that in addition to the case history analysis method you try some other approach—the experimental method—or perhaps consult an oracle. I think you can find one in Washington.

. . . As I watch the men leaving medical school today it seems to me that there is too great a tendency among them to stay in hospitals for too long periods of time. The plunge into private practice is a great shock to them and they put it off altogether too long. . . .

. . . After some years of watching men, have found that often the best trained man does not have the greatest success from the standpoint of income. But he should have respect for his own ability and such is worth a great deal.

I am satisfied with medicine as a life's work. However, I should recommend it only for the man who has plenty of money back of him. Many men never make much in medicine and, if obliged to watch every dollar, cease to be themselves.

I am located in a suburban community adjoining a city of 550,000. Many of the people here have doctors in that city and there are too many physicians in this community. I am the only Harvard physician here and there are only a few from that school in the city. Competition is keen.

... I believe that medical students should be given some instruction in the economic aspects of medical practice. ... I believe the best type of internship for one expecting to do general practice is a two-year rotating service in a teaching hospital with an emergency service. The hospital should be one in which the interne is taught 'to do things' himself and not one in which he is given only the privilege of watching a visiting man perform, while the interne functions in the capacity of second or third assistant. ... The spectator often sees more of the operation ...

I spent seven years in hospitals and the Mayo Clinic training in surgery. I do not regret the extra time and money spent in training because it pays dividends in satisfaction in doing better work. I feel 'the times are out of joint' to the extent that my capacity for service in the field of surgery is greatly hampered by my apparently pathological honesty in refusing to 'split fees' ...

I had a hard time getting adjusted after years in college and medical school and hospital work to a world which, although primarily altruistic in aim, is nevertheless rampant with professional jealousy, politics, and concern with money. It seems to me that the medical school is controlled by full-time men who have no realization of the temptations attributable to money worries of men who try to practice medicine ethically according to the time-hallowed traditions of medicine, and that if medical students were given some instruction in the business aspects of medicine as practiced that the gears of theory and the gears of actual practice would mesh much more quietly and in a much more satisfactory way than they do at present.

... As I look back on some of the members of my class, they are not in the particular field of medicine they dreamt of while in school, but seem to have found themselves after they graduated.

My suggestion is not to decide too definitely and to seek an internship in a charity or semi-charity institution offering both medicine and surgery in a two-year service with the possibility of staying longer in either or branching off into a specialty. Four-year internships seem too long if not impossible at the time of graduation but as long as one is devoting a lifetime to medicine, it makes little difference as long as one starts practice well prepared. He feels much more secure among his fellow-practitioners. ...

I left Boston about one year ago and my net income has improved.

I am in favor of organized medicine providing adequate medical care for the masses (before it is forced on us and directed by a governmental agency) through some form of non-profit insurance controlled and directed by the American Medical Association.

I feel that in a community of this size (100,000) special training would be an advantage if one wants to reach the

upper brackets in professional rating as well as financial return. My bias may be due to the inability to afford extra training.

I spent five years in internship, residency, etc., but I regret doing so. In general I advise an internship only—and then active practice.

I am satisfied with medicine as a life's work but could not carry on without private means.

Although I am satisfied with medicine as a life work, I would not encourage a son of mine, if I had one, to pursue it, on account of the cheap competition from graduates of inferior medical schools, who are practicing in my community. They tend to lower the standards of the practice of medicine.

... My own reaction to the situation of living conditions for students, internes, and residents is strong, probably because of my own breakdown. Any campaign or program which would significantly improve or raise the health standard among the above groups would pay big dividends to the men coming into the profession. The medical profession as a group should be criticized sharply for its attitude toward its young workers. Our laboratory animals are treated with greater consideration, kindness, and have a better diet and living quarters than I had as an interne—and as you will note, in a teaching hospital.

Here's hoping that your class and subsequent classes do not meet such conditions.

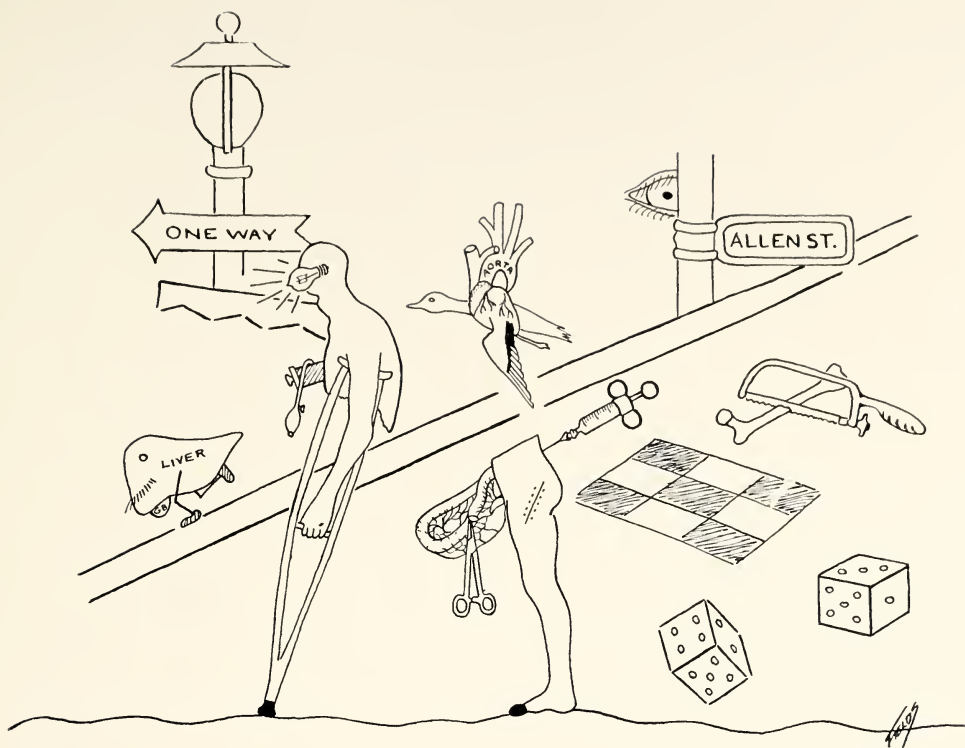
Doing general practice (including minor surgery and tonsillectomies). Assistant Obstetrician at Grade A hospital. Teach nurses pediatrics. Run a prenatal clinic (350 cases yearly). Run a weekly well-baby clinic (3 months). Have charge of one large factory (payroll of 2,000), and two small plants (payroll of 100 each). Do life insurance examining for three or four large companies. On courtesy staff of several Grade A hospitals. First Lieutenant, Medical Reserve.

And still I don't get wealthy!!

Medicine brings a good many compensations, of which the material portion is relatively slight. As a means of livelihood it is satisfactory, but seldom brings riches. At best, it is a hard struggle.

Owing to local and national situation, the doctor is greatly underpaid by his private patients for what he does. ... Too many people are not financially able to pay even the ordinary minimum fees.

A surgical internship at the. — Hospital has given me a broad foundation for general practice. The many contacts with the medical services permit one to accumulate knowledge of internal medicine which suffices for a working basis. Closely allied with eye, ear, nose and throat, orthopedic, and neurosurgical services, if one goes through a period of clinical training with an idea that he is going into general practice when he gets out, he can pick up enough from the specialties so that he will have at least a working knowledge of them. I am strong for a general surgical training as a background for general practice in a small community.



ALLEN STREET

CANTO I: *Prelude*

Oh Beacon Street is wide and neat, and open to the sky—
 Commonwealth exudes good health, and never knows a sigh—
 Scollay Square, that lecher's snare, is noisy but alive—
 While sin and domesticity are blended on Park Drive—
 And he who toils on Boylston Street will have another day
 To pay his lease and live in peace, along the Riverway—
 A thoroughfare without a care is Cambridge Avenue,
 Where ladies fair let down their hair, for passersby to view—
 Some things are done on Huntington, no sailor would deny,
 Which can't be done on battleships, no matter how you try—
 Oh, many, many roads there are, that leap into the mind,
 (Like Sumner Tunnel, that monstrous funnel, impossible to find!)
 And all are strange to ponder on, and beautiful to know,
 And all are filled with living folk, who eat and breathe and grow.

CANTO II

But let us speak of Allen Street—that strangest, darkest turn,
Which squats behind a hospital, mysterious and stern.
It lies within a silent place, with open arms it waits
For patients who aren't leaving through the customary gates . . .
It concentrates on end-results, and caters to the guest
Who's battled long with his disease, and come out second-best.

For in a well-run hospital, there's no such thing as death.
There may be stoppage of the heart, and absence of the breath—
But no one dies! No patient tries this disrespectful feat.
He simply sighs, rolls up his eyes, and goes to Allen Street.
Whatever be his ailment,—whate'er his sickness be,
From "Too, too, *too* much insulin," to "What's *this* in his pee?"
From "Gastric growth," "One lung, (or both)," or "Question of
Cirrhosis"
To "Exodus undiagnosed," or "Generalized Necrosis,"—
He hides his head and leaves his bed, and covered with a sheet,
He rolls through doors, down corridors, and goes to Allen Street.

And there he'll find a refuge kind, a quiet sanctuary,
For Allen Street's that final treat,—the local mortuary . . .

CANTO III

Oh, where is Mr. Murphy with his diabetic ulcer,
His orange-red precipitate and coronary?

Well sir,

He's Gone to Allen Street.
And how is Mr. Gumbo with his touch of acid-fast,
His positive Babinskis, and his dark luetic past?
And what about that lady who was lying in Bed Three,
Recently subjected to such skillful surgery?
And where are all the patients with the paroxysmal wheezes?
The tarry stools, ascitic pools, the livers like valises?
The jaundiced eyes, the fevered cries, and other nice diseases?
Go! Speak to them in soothing tones. We'll put them on their feet!
We'll try some other method,—some newer way to treat—
We'll try colloidal manganese, a diathermy seat,
And intravenous buttermilk is very hard to beat—
We'll try a dye, a yellow dye, or different kinds of heat—
But get them on their feet—
We'll find some way to treat—

I'm very sorry, Doctor, but they've gone to Allen Street . . .

CANTO IV

Little Mr. Gricco, lying on Ward E,
Used to have a rectum, just like you or me—
Used to have a sphincter, ringed with little piles,
Used to sit at morning stool, face bewreathed with smiles,
Used to fold his *Transcript*, wait in happy hush
For that minor ecstasy, the peristaltic rush . . .

*But in the night, far out of sight, within his rectal stroma,
There grew a little nodule, a nasty carcinoma . . .*

Oh, what lacks Mr. Gricco?—Why looks he incomplete?
What is this aching, yawning void in Mr. Gricco's seat?
Who made this excavation? Who did this foulest deed?
Who dug this pit in which would fit a small velocipede?
What enterprising surgeon, with sterile spade and trowel,
Has seen some fault and made assault on Mr. Gricco's bowel?
And what's this small repulsive hole, which whistles like a flute?
Could this thing be colostomy—this shabby substitute?
Where is this patient's other half! Where is this patient's seat!

Why Doctor, don't you recollect? It's gone to Allen Street.

CANTO V: Footnote

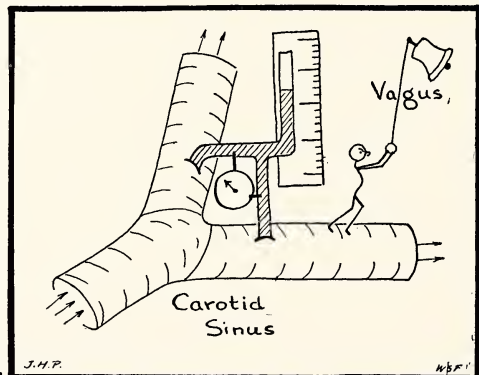
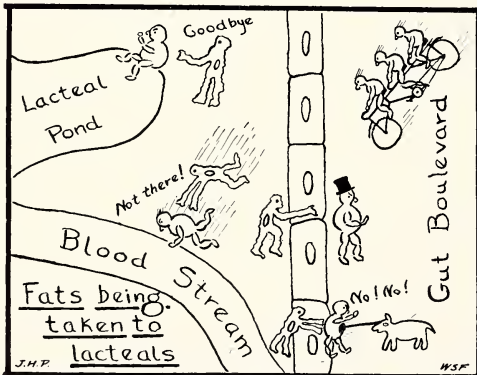
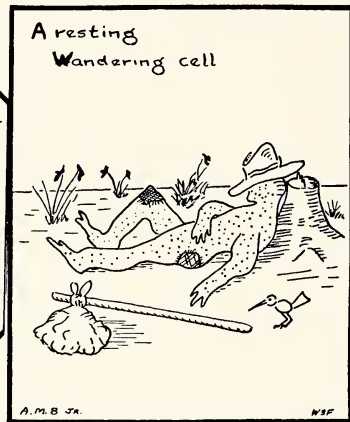
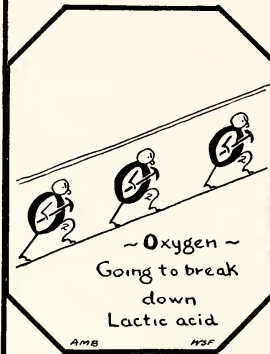
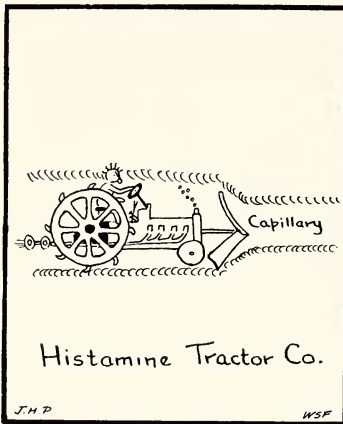
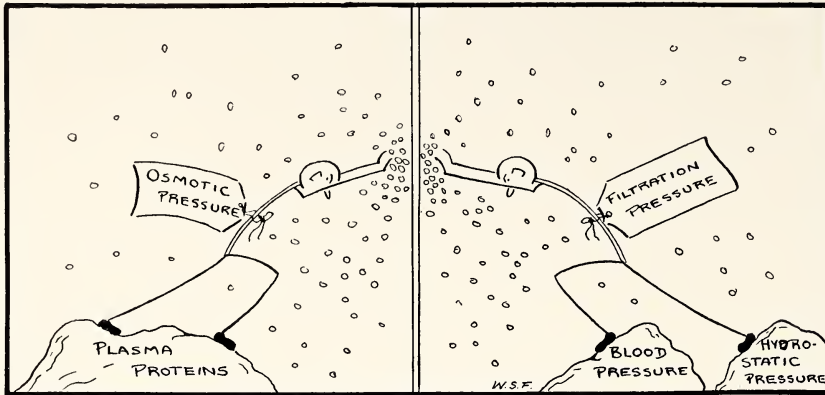
At certain times one sometimes finds a patient in his bed,
Who limply lies with glassy eyes receding in his head.
Who doesn't seem to breathe at all, who doesn't make a sound,
Whose temperature is seen to fall, whose pulse cannot be found.
And one would say, without delay, that this is a condition
Of general inactivity—a sort of inanition—
A quiet stage, a final page, a dream within the making,—
A silence deep, an empty sleep without the fear of waking—

But no one states, or intimates, that maybe he's expired,
For anyone can plainly see that he is simply tired.
It isn't wise to analyze, to seek an explanation,
For this is just a new disease, of infinite duration.

But if you look within the book, upon his progress sheet
You'll find a sign within a line—"Discharged to Allen Street."

L. T.

FUNCTIONAL INTERLUDES





S O C I E T I E S

HISTORIES

ALPHA OMEGA ALPHA

Alpha Omega Alpha is an honorary medical society having as its purpose the promotion of high scholarship. The fraternity was founded in Chicago in 1902 by William W. Root as a protest against the lack of honesty and scholarly attainment among the medical students of that day. The number of chapters has gradually increased until now there are forty-one groups in the leading medical centers of the United States and Canada. The Harvard Chapter was organized in 1906 and has been active since that time. Two banquets are given each year, and the chapter annually sponsors two or three public lectures by prominent investigators. Membership is limited to third and fourth year men and is determined largely by scholastic attainment.

AESCULAPIAN CLUB

In 1902, Townsend W. Thorndike with four classmates founded the Aesculapian Club of Boston. Since that time the chapter has been limited to twenty men from the fourth year class. The chief objects of the group are those "of any medical club," and the furthering of the interests of the Harvard Medical School. In 1910 the club established a scholarship for first-year men, and in 1925 a loan fund of five hundred dollars was made available to needy students.

The social aspects of the club have not been neglected, and since the first play in 1907, the annual dinner and play have been a joyous festival. The mid-winter dinners have been serious affairs at which many

eminent men of this and other countries have spoken. The Wives of Aesculapius, an organization founded in 1910, has further extended the social side of the club.

BOYLSTON MEDICAL SOCIETY

The Boylston Medical Society is now in its one hundred twenty-fifth year. Founded on January 6, 1811, and incorporated by the General Court of Massachusetts eleven years later, it is now reputed to be the oldest living medical society in this country. It was probably named in memory of Zabdiel Boylston of smallpox inoculation fame, though the immediate benefactor of the Society was a grand-nephew of this former radical.

The Society was founded for the purpose it still fulfills, the amplification and advancement of undergraduate medical education in the school. It also fosters the intermingling of classes and the exchange of ideas. In general, a "sober seriousness of conduct" at the meetings has been the rule from the beginning. At each bi-weekly meeting a paper on some suitable subject is read by an undergraduate and discussed by some qualified faculty member. Premiums are awarded to the members of the Society submitting the best medical dissertations during each academic year.

The history of the Society records eras of depression and inactivity, but since the Civil War it has enjoyed unbroken prosperity and vigor.

LANCET CLUB

The Lancet Club is the direct descendant of the Nu chapter of the national medical

fraternity, Phi Rho Sigma. The Nu chapter was established at the Harvard Medical School on April 30, 1902, due to the efforts of Dr. C. Guy Lane, and actively functioned for twenty-one years. Due to dissatisfaction with some of the characteristics of national organizations, affiliation with Phi Rho Sigma was severed upon the resignation of the undergraduate members in May, 1923. These men, together with the Phi Rho Sigma Alumni Association of Harvard University, organized the Lancet Club in its present form, officially adopting its name September 24, 1923.

A club-room in the dormitory is now maintained for meetings and for the library of periodicals. The activities of the club are expressed in the form of monthly meetings with beer and informal discussion, in addition to monthly dinners to which prominent speakers in various fields are invited, and less frequent dinners of a more convivial nature.

NU SIGMA NU

Nu Sigma Nu is a national medical fraternity, founded at Michigan in 1882 by a small group, of whom only William J. Mayo survives. From this nucleus its ideals have been carried to thirty-nine other medical schools in the United States and Canada, and to twelve thousand physicians and students. Among the names on its roll are those of Sir William Osler, William H. Welch, and Otto Folin.

The Beta Kappa Chapter at Harvard was installed in 1913 by Harvey Cushing, the initial members including Cyrus H. Fiske, Elliott P. Joslin, and Frank B. Mallory. Since its inception it has striven to maintain the purposes of the founders, encouraging good fellowship, scholarship, and a

high standard of ethics. Membership is limited to ten percent of each class.

There is a large club-room in the dormitory for meetings, and a library of leading journals and books. Fraternity activities include meetings, and monthly dinners at which some outstanding medical man, usually a *frater in facultate*, is the speaker. The three or four dances given each year are memorable occasions for all who attend.

SERPENT CLUB

The Serpent Club was founded in 1930, originally as a competitor of the Stork Club. Because of the strong democratic feeling in the present graduating class, the policy of the club has undergone a decided change. Upon investigation it was determined that all too many organizations have devoted themselves to the saving of souls from sin. The present Serpent Club, however, is now dedicated to the proposition that it should, like its primordial predecessor, the serpent of the Garden of Eden, show its members and confreres the glories of the Primrose Path.

STORK CLUB

The Stork Club dates back to the autumn of 1905, when a congenial group of fourth-year men were completing a summer course in obstetrics. The four founders of the club were Lawrence D. Chapin, Robert M. Green, Edward H. Ripley, and Philip H. Sylvester, who met informally at dinner to perpetuate their friendship. Other meetings followed and during the year the membership increased. The Stork Club has served a purely social purpose, and its activities have centered in its dinners, held at various time-honored establishments.



Back Row: Mindlin, Myers, Cohen, Armstrong, Davis
Front Row: Yee, Howland, Parker, Acheson, Howard, Pearson, Thomas

ALPHA OMEGA ALPHA

GEORGE HAWKINS ACHESON
SINCLAIR HOWARD ARMSTRONG, JR.
SIDNEY COHEN
JOHN HOWLAND CRANDON
BURNET MADURO DAVIS
CHARLES PHILLIPS EMERSON, JR.
JACK SMALLWOOD GUYTON
RUTLEDGE WILLIAM HOWARD

MURRAY SHIPLEY HOWLAND, JR.
ROWLAND LIONEL MINDLIN
ROBERT SAMUEL MYERS
DONALD DEWITT PARKER
JOHN BEN PEARSON
EMANUEL BARNETT SCHOENBACH
LEWIS THOMAS
LESTER PING KOON YEE



Back Row: Thomas, Parker, Erdmann, Greeley, Garrigues, Neff, Paddock
Front Row: Armstrong, Brown, Merrill, Frothingham, Johnson, Cochran, Howard

AESCULAPIAN CLUB

SINCLAIR HOWARD ARMSTRONG, JR.
ROBERT KUHNEN BROWN
ROBERT EMERY BROWNLEE
JOHN ROBERT COCHRAN, JR.
CHARLES PHILLIPS EMERSON, JR.
ALBERT JOHN ERDMANN, JR.
JOSEPH ROTCH FROTHINGHAM
HENRY BASCUM GARRIGUES

DAVID McLEAN GREELEY
JAMES TAYLOR HEYL
RUTLEDGE WILLIAM HOWARD
JOSEPH WILSON JOHNSON, JR.
GEORGE GRENVILLE MERRILL, JR.
RICHARD SCUDDER NEFF
FRANKLIN KITTREDGE PADDOCK
DONALD DEWITT PARKER

LEWIS THOMAS



Back Row: Pratt, Garrigues, Johnson, Brewster, Rizer, Hurlbut, Thomas, Cohen
Third Row: G. T. Howard, Burbank, King, Frothingham, Day, Rosenow, Tatlock, Webb, Coons, Compton
Second Row: Yee, D. D. Parker, Neff, Paddock, Armstrong, Erdmann, Cochran, R. W. Howard, R. K. Brown
Front Row: Howland, Riley, R. C. Parker, L. Brown, McKittick

BOYLSTON MEDICAL SOCIETY

Class of 1937

SINCLAIR HOWARD ARMSTRONG, JR.
ROBERT KUHNEN BROWN
ROBERT EMERY BROWNLEE
JOHN ROBERT COCHRAN, JR.
SIDNEY COHEN
WALTER AMES COMPTON
ALBERT HEWETT COONS
JOHN HOWLAND CRANDON
CHARLES PHILLIPS EMERSON, JR.
ALBERT JOHN ERDMANN, JR.
JOSEPH ROTCH FROTHINGHAM
HENRY BASCUM GARRIGUES
JAMES TAYLOR HEYL
GEORGE TURNER HOWARD, JR.

RUTLEDGE WILLIAM HOWARD
MURRAY SHIPLEY HOWLAND, JR.
JOSEPH WILSON JOHNSON, JR.
ROBERT GORDON JOHNSTON
ROBERT GEORGE KING
JOHN BYRON MCKITTRICK
RICHARD SCUDDER NEFF
FRANKLIN KITTREDGE PADDOCK
DONALD DEWITT PARKER
RALPH CHANDLER PARKER
RICHARD BRANCH PIPPITT
JOSEPH HYDE PRATT, JR.
LEWIS THOMAS
ALEXANDER WEBB, JR.

LESTER PING KOON YEE

Class of 1938

HENRY HODGE BREWSTER
LLOYD BROWN
CHARLES BAXTER BURBANK
CHILTON CRANE
EMERSON DAY
WOOSTER PHILIP GIDDINGS

ROBERT SATTERLEE HURLBUT
JOHN MAIER
CONRAD MILTON RILEY
DEAN KERBY RIZER
JOHN HENRY ROSENOW
HUGH TATLOCK



Back Row: Cary, McKittrick, Hayes, Porter, Bacon, Brenizer, Clement, Mendenhall, Morris, Millard, Wood, Meigs
Third Row: Sise, Armstrong, Kneisel, Parker, Tatlock, Brewster, L. Brown, Pier, Riley, Day, Merrill, Chamberlin, Quinby
Second Row: Paddock, Neff, Johnson, Bill, Hurlbut, Burbank, Erdmann, Frothingham, Garrigues
Front Row: MacMillan, Hanaghan, Sturgis, Chandler, Burrage, Carlton, T. Brown

LANCET CLUB

Class of 1937

S. H. ARMSTRONG, JR.
R. E. BROWNLEE
C. S. BRYAN, JR.
C. M. CAMPBELL, JR.
D. P. DUTTON

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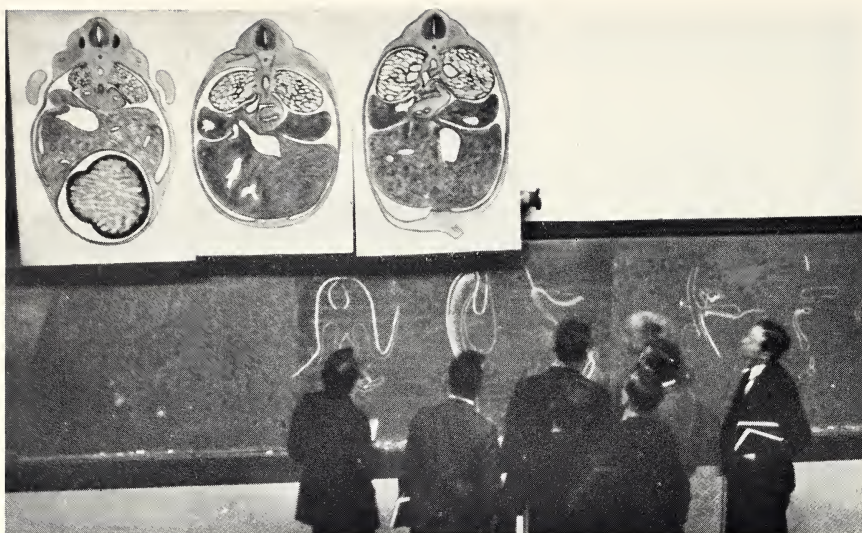
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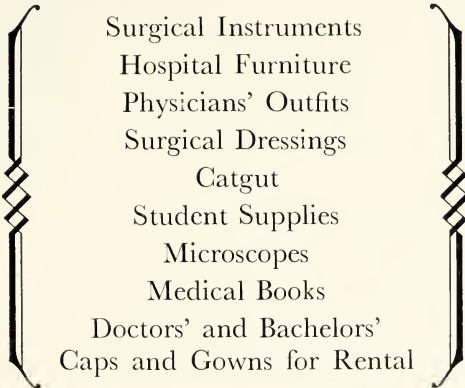
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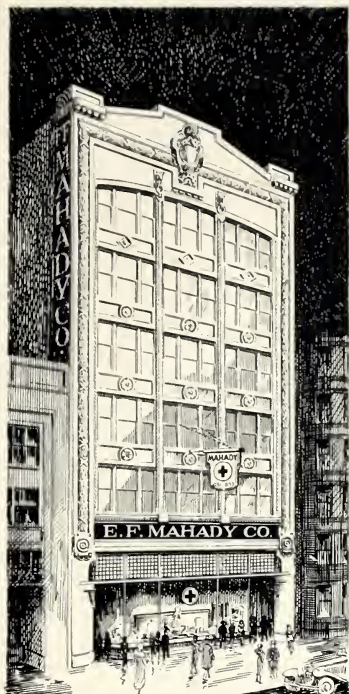
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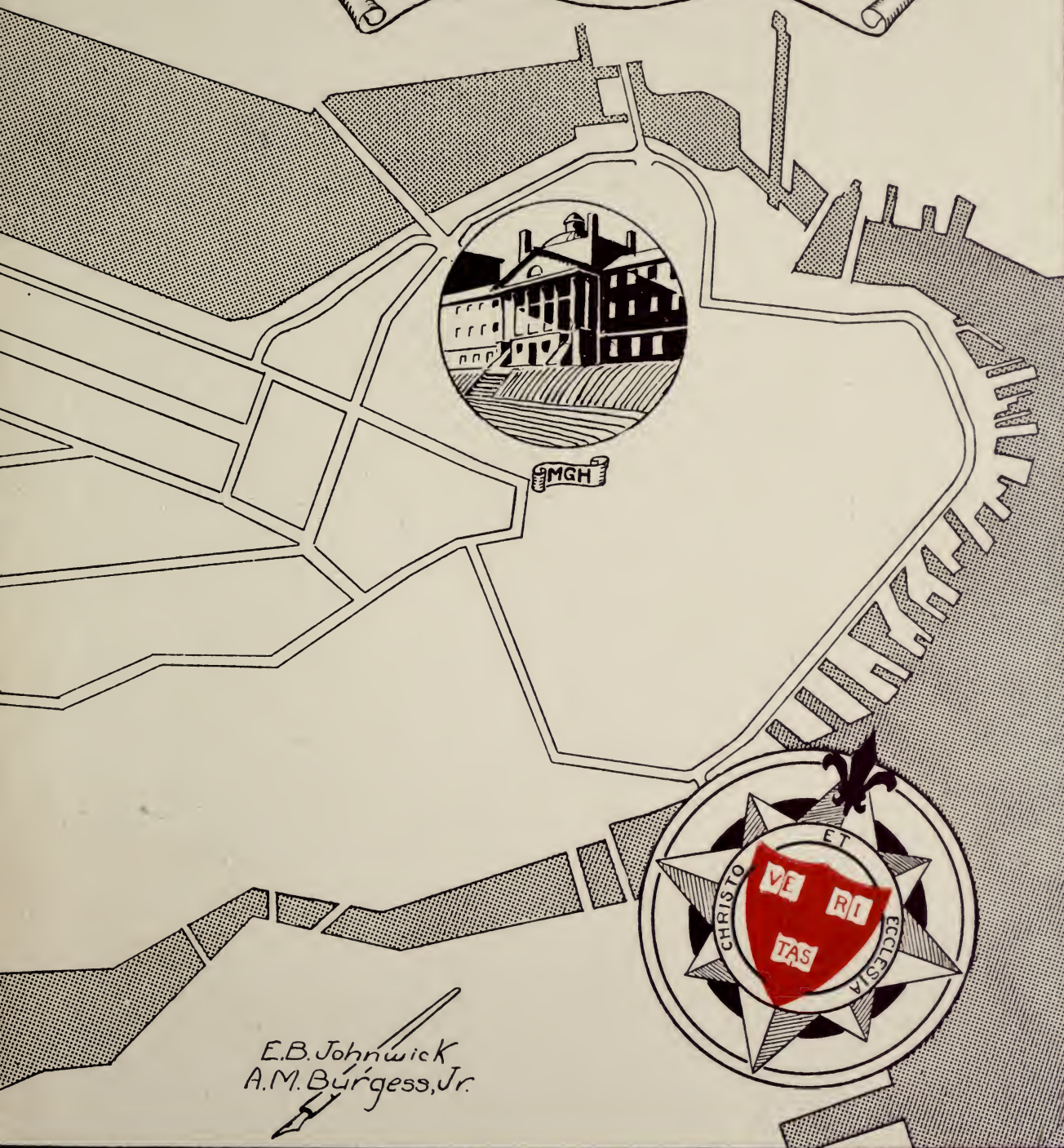
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